

Fill in this information to identify the case:

Debtor name Porters Neck Country Club, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) 19-04309-5

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 3, 2019

X /s/ David Adams

Signature of individual signing on behalf of debtor

David Adams

Printed name

President and Member of the Board of Trustees

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Porters Neck Country Club, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **19-04309-5**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **6,100,000.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **2,044,475.88****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **8,144,475.88****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **3,204,424.76****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **27,632.19****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **6,017,130.77****4. Total liabilities**
Lines 2 + 3a + 3b\$ **9,249,187.72**

Fill in this information to identify the case:Debtor name **Porters Neck Country Club, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **19-04309-5**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

**Current value of
debtor's interest**
\$1,850.00

2. Cash on hand**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. First Citizens Bank	Checking	4593	\$2,702.09
3.2. First Citizens Bank	Checking	4462	\$207.29
3.3. Bank of Ozarks	Money Market	1505	\$477,428.27
3.4. Bank of Ozarks	Checking	7346	\$59,985.00
3.5. First Citizens Bank	Checking	4315	\$3,815.48
3.6. First Citizens Bank	Money Market	5700	\$28,139.29

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3.7. <u>First Citizens Bank</u>	<u>Money Market</u>	<u>4999</u>	<u>\$430.09</u>
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4. **Other cash equivalents (Identify all)**

4.1. <u>Trust Deposit with Shipman & Wright, LLP</u>	<u>\$518,614.99</u>
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5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,093,172.50

Part 2: Deposits and Prepayments6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. <u>Utility Deposit- Duke Power</u>	<u>\$2,871.24</u>
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7.2. <u>Deposits/Prepayments held by Debtor for golf carts</u>	<u>\$4,478.04</u>
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7.3. <u>Deposits/Prepayments held by Debtor for personal training</u>	<u>\$1,102.00</u>
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7.4. <u>Deposits/Prepayments held by Debtor for events</u>	<u>\$10,200.00</u>
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8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. <u>Prepayment- insurance</u>	<u>Unknown</u>
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9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$18,651.28

Part 3: Accounts receivable10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

Best Case Bankruptcy

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27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2004 Dodge Dakota VIN: 1D7GL42NX4S591475	Unknown	N/A	\$4,000.00
47.2.	1995 Ford Ranger XL VIN: 1FTCR10A6SUB63135	Unknown	N/A	\$500.00
47.3.	1993 Ford Ranger XLT VIN: 1FTCR10U0PTA95339	Unknown	N/A	\$2,000.00

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$6,500.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.

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☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1. **18 hole golf course (Tom Fazio), clubhouse, pools, sports complex, misc. buildings (192.86 acres)**

Fee simpleUnknownAppraisal\$6,100,000.0056. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$6,100,000.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☒ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☒ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.**General description****Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**
www.portersneckcountryclub.com

UnknownN/AUnknown62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**
membership list

UnknownN/AUnknown64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

Debtor Porters Neck Country Club, Inc.
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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
☐ No
☒ Yes
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
☒ No
☐ Yes
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

chemicals and fertilizer materials\$17,621.21Furniture & Fixtures in the sports complex
See attached list\$13,185.10Furniture & Fixtures in the clubhouse
See attached list\$179,225.74Furniture & Fixtures in the pool house
See attached list\$59,356.49Tennis equipment
See attached list\$10,966.00

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Golf course equipment
See attached list

\$190,835.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$471,189.54

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Porters Neck Country Club, Inc.
NameCase number (If known) 19-04309-5**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$1,093,172.50</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$18,651.28</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$368,409.53</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$86,553.03</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$6,500.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$6,100,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$471,189.54</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,044,475.88</u>	+ 91b. <u>\$6,100,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$8,144,475.88</u>

Fill in this information to identify the case:

Debtor name **Porters Neck Country Club, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **19-04309-5**☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	First Citizens Bank Creditor's Name Attn: Managing Agent or Officer 1202 Porters Neck Road Wilmington, NC 28411 Creditor's mailing address Creditor's email address, if known Date debt was incurred 4/30/2018, 5/7/2018 Last 4 digits of account number 2887 Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. First Citizens Bank 2. New Hanover County Tax Department	Describe debtor's property that is subject to a lien 18 hole golf course (Tom Fazio), clubhouse, pools, sports complex, misc. buildings (192.86 acres) Describe the lien Deed of Trust Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,150,000.00	\$6,100,000.00
2.2	New Hanover County Tax Department Creditor's Name Attn: Managing Agent 230 Government Center Dr, #190 Wilmington, NC 28403 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2019	Describe debtor's property that is subject to a lien 18 hole golf course (Tom Fazio), clubhouse, pools, sports complex, misc. buildings (192.86 acres) Describe the lien Tax Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$54,424.76	\$6,100,000.00

Debtor **Porters Neck Country Club, Inc.**
Name

Case number (if know) **19-04309-5**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,204,424.7
6

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Porters Neck Country Club, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **19-04309-5**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address
**Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

For Notice Purposes Only

Is the claim subject to offset?

☒ No

☐ Yes

Total claim	Priority amount
Unknown	Unknown

2.2 Priority creditor's name and mailing address
**NC Department of Revenue
Attn: Bankruptcy Unit
P.O. Box 1168
Raleigh, NC 27602-1168**

Date or dates debt was incurred

2009, 2018

Last 4 digits of account number **0141**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Sales and use tax

Is the claim subject to offset?

☒ No

☐ Yes

\$14.18	Unknown
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Debtor	Porters Neck Country Club, Inc. <small>Name</small>	Case number (if known)	19-04309-5
2.3	Priority creditor's name and mailing address NC Department of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,618.01 \$27,618.01
Date or dates debt was incurred		Basis for the claim: 10/1/94-9/30/95 Franchise \$.22 10/1/98-9/30/99 Franchise \$1.89 10/1/99-12/31/99 Franchise: \$.47 2003: Corporate Income: \$1.84 2004: Franchise \$27,613.59	
Last 4 digits of account number 0141 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address NC Dept. of Labor, DES Attn: Managing Agent P.O. Box 26504 Raleigh, NC 27611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address A. Craig Meck 8529 Emerald Dunes Road Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.2	Nonpriority creditor's name and mailing address Accutel-Edens Telecom, Inc. Attn: Managing Agent P.O. Box 12034 Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.40
3.3	Nonpriority creditor's name and mailing address Adam Toppercer 1529 Portsmouth Place Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00

Debtor Name	Case number (if known)	
Porters Neck Country Club, Inc.	19-04309-5	
3.4 Nonpriority creditor's name and mailing address Adidas America, Inc. Attn: Managing Agent Dept CH 19361 Palatine, IL 60055-9405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,089.87
3.5 Nonpriority creditor's name and mailing address ADT Attn: Managing Agent P.O. Box 219044 Kansas City, MO 64121-9044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.86
3.6 Nonpriority creditor's name and mailing address Advantage Sport & Fitness, Inc. Attn: Managing Agent 2255 N. Treiphammer Road Ithaca, NY 14850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$486.85
3.7 Nonpriority creditor's name and mailing address Alan Goldenberg 350 South Collier Blvd Apt: 1206 Marco Island, FL 34145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,500.00
3.8 Nonpriority creditor's name and mailing address Alexander Kuzmuk 631 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9 Nonpriority creditor's name and mailing address Alice T Schauf 1009 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10 Nonpriority creditor's name and mailing address Alisa Brightman 1800 Eastwood Rd #105 Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.11	Nonpriority creditor's name and mailing address Allan E Metzner 417 Marsh Oaks Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Alsco Attn: Managing Agent P.O. Box 958 Kinston, NC 28501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,013.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Alyson Jordan 129 Hallbrook Farms Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address American Pipe Cleaning Attn: Managing Agent P.O. Box 10417 Wilmington, NC 28404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,850.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address American Tire Distributors Attn: Managing Agent Huntersville, NC 28070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Anderson Kill, P.C. Attn: Managing Agent 1251 Avenue of the Americas New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$255.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Andrew and Connie Rinko 1001 Callawasse Island Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.18	Nonpriority creditor's name and mailing address Andrew Ferko 410 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.19	Nonpriority creditor's name and mailing address Andrew Rinko 122 Mystic Lane Jupiter, FL 33458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,400.00
3.20	Nonpriority creditor's name and mailing address Andy Sondey 913 Saltwood Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
3.21	Nonpriority creditor's name and mailing address Anthony Gallo 120 Hallbrook Farms Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.22	Nonpriority creditor's name and mailing address Anthony Giordano 557 Garden Terrace Dr #101 Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.23	Nonpriority creditor's name and mailing address Anthony Magnetti 8537 Galloway National Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.24	Nonpriority creditor's name and mailing address Armand Daniel 8624 Bald Eagle Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,500.00

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3.25	Nonpriority creditor's name and mailing address Art Unger C/O Grace Unger 8724 Lowes Island Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,008.43
3.26	Nonpriority creditor's name and mailing address Arthur Fitzgerald 400 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.27	Nonpriority creditor's name and mailing address Arthur Miles 8910 Mahogany Run Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.28	Nonpriority creditor's name and mailing address Atlanta Textile Distribution Attn: Managing Agent P.O. Box 353 Alpharetta, GA 30009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.30
3.29	Nonpriority creditor's name and mailing address AutoZone, Inc. Attn: Managing Agent 7100 Market Street Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$799.50
3.30	Nonpriority creditor's name and mailing address Barbara Lambert 6517 Old Fort Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Barewood Services PO Box 323 Hampstead, NC 28443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.32	Nonpriority creditor's name and mailing address Becky Phillips 1409 Futch Creek Road Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.33	Nonpriority creditor's name and mailing address Benny Wall 8648 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.34	Nonpriority creditor's name and mailing address Bernard and Joyce Maguire 704 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,202.00
3.35	Nonpriority creditor's name and mailing address Beth Black 813 Silver Leaf Place Raleigh, NC 27609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
3.36	Nonpriority creditor's name and mailing address Betty Welday 627 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.37	Nonpriority creditor's name and mailing address Beverly Kinderman 1020 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,980.00
3.38	Nonpriority creditor's name and mailing address Big Sky Design, Inc. Attn: Managing Agent 4037 Masonboro Loop Road Wilmington, NC 28409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,924.33

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3.39	Nonpriority creditor's name and mailing address Bill and Gloria Ahlberg 629 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.40	Nonpriority creditor's name and mailing address Bill and Nancy Pearson 113 Hallbrook Farms Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.00
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3.41	Nonpriority creditor's name and mailing address Bill Donaldson 7919 Blue Herron Drive West Apt. 203 Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,250.00
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3.42	Nonpriority creditor's name and mailing address BMI Attn: Managing Agent P.O. Box 630893 Cincinnati, OH 45263-0893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,459.68
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3.43	Nonpriority creditor's name and mailing address Bob Guinessey 8705 Thornblade Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.44	Nonpriority creditor's name and mailing address Bobcat of Wilmington Attn: Managing Agent P.O. Box 91327 Raleigh, NC 27675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.00
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3.45	Nonpriority creditor's name and mailing address Brian and Mary Burke 1114 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,347.00
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Debtor	Name	Case number (if known)	
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3.46	Nonpriority creditor's name and mailing address Brian Ennis 1802 Hartefield National Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Bruce Baliko 8612 Hammock Dunes Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address Bruce Brown 1426 Futch Creek Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.49	Nonpriority creditor's name and mailing address Bruce Murphy 3712 Reston Court, Unit B Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,018.00
3.50	Nonpriority creditor's name and mailing address Bruce Prouty 8709 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,500.00
3.51	Nonpriority creditor's name and mailing address Buddy Wrenn 8827 Champion Hills Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.52	Nonpriority creditor's name and mailing address Bushwood Golf Attn: Managing Agent 927 Sheffield Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.20

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3.53	Nonpriority creditor's name and mailing address C. Edward and Dianene Hjelte 8605 Hammock Dunes Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.54	Nonpriority creditor's name and mailing address C. Webster 3903 Calvin Court Burlington, NC 27215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,815.00
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3.55	Nonpriority creditor's name and mailing address C.B. Johnson 524 Goldeneye Cout Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.56	Nonpriority creditor's name and mailing address C.E.S. Attn: Managing Agent 6407 Amsterdam Way Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.82
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3.57	Nonpriority creditor's name and mailing address Caleb J Maddox 95 Briarwood Circle Pinehurst, NC 28374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.58	Nonpriority creditor's name and mailing address Callaway Golf Attn: Managing Agent P.O. Box 9002 Carlsbad, CA 92018-9002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.40
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3.59	Nonpriority creditor's name and mailing address Canandy & Son Exterminating Attn: Managing Agent 113 Sweetwater Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Name	Case number (if known)	
	Porters Neck Country Club, Inc.	19-04309-5	
3.60	Nonpriority creditor's name and mailing address Cape Fear Museum Attn: Managing Agent 814 Market Street Wilmington, NC 28401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$462.80
3.61	Nonpriority creditor's name and mailing address Cape Fear Provisions Attn: Managing Agent 4541 Technology Drive Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259.59
3.62	Nonpriority creditor's name and mailing address Cape Fear Utility Authority Attn: Managing Agent 235 Government Center Drive Wilmington, NC 28403-7618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,802.68
3.63	Nonpriority creditor's name and mailing address Carl and Meryl Freeman 107 Chimney Rock Ct. Denver, CO 28037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,174.00
3.64	Nonpriority creditor's name and mailing address Carl Robinson 8704 Interlachen Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.65	Nonpriority creditor's name and mailing address Carol Calderwood C/O Faith Shartzter 205 Moody's Run Williamsburg, VA 23185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,575.00
3.66	Nonpriority creditor's name and mailing address Carole Magyar 8421 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,452.00

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3.67	Nonpriority creditor's name and mailing address Chambliss & Rabil Attn: Managing Agent 3614 Haworth Drive Raleigh, NC 27609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,983.03
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3.68	Nonpriority creditor's name and mailing address Charles and Anne Dina C/O Carol Underwood PO Box 2427 Marbledale, CT 06777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,396.00
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3.69	Nonpriority creditor's name and mailing address Charles DesLaurier 8816 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.70	Nonpriority creditor's name and mailing address Charles Holt PO Box 53157 Fayetteville, NC 28305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,215.00
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3.71	Nonpriority creditor's name and mailing address Charles Screen 626 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.72	Nonpriority creditor's name and mailing address Christopher Goggin 637 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.73	Nonpriority creditor's name and mailing address Christopher Kirchoff 8908 Champion Hills Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.74	Nonpriority creditor's name and mailing address Chuck Stone 8729 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.75	Nonpriority creditor's name and mailing address Claire Francey 110 Castle Bay Dr Hampstead, NC 28443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.76	Nonpriority creditor's name and mailing address Clare and John Stone 8613 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,192.00
3.77	Nonpriority creditor's name and mailing address Clark Rabon 8912 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.78	Nonpriority creditor's name and mailing address Clifford Hordlow 4645 Winged Foot Ct. Apt. 103 Naples, FL 34112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,045.00
3.79	Nonpriority creditor's name and mailing address Clifford Thompson 8414 Emerald Dunes Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.80	Nonpriority creditor's name and mailing address Clubessential, LLC Attn: Managing Agent PO Box 936267 Atlanta, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,727.58

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3.81	Nonpriority creditor's name and mailing address Coastal Beverage Attn: Managing Agent 301 Harley Road Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$479.39
3.82	Nonpriority creditor's name and mailing address Coastal Chemical & Paper, Inc. Attn: Managing Agent 2045 Corporate Drive Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,777.11
3.83	Nonpriority creditor's name and mailing address Cobra Golf, Inc. Attn: Managing Agent P.O. Box 74008948 Chicago, IL 60674-8948 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,032.25
3.84	Nonpriority creditor's name and mailing address Coca-Cola Bottling Co. Attn: Managing Agent P.O. Box 602937 Charlotte, NC 28260-2937 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,130.25
3.85	Nonpriority creditor's name and mailing address Cometas Dilanjan 4220 Oalcton St. Skokie, IL 60076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.86	Nonpriority creditor's name and mailing address Connie Molenaor C/O Betty Johnston 9 Milrose Ave Westerly, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,655.00
3.87	Nonpriority creditor's name and mailing address Cozzini Bros., Inc. Attn: Managing Agent 350 Howard Avenue Des Plaines, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.94

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3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$27,000.00
	Craig Mann 8529 Galloway National Dr. Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.89	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$10,000.00
	Damon Arne 8820 Sawmill Creek Lane Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$15,000.00
	Daniel Minoque 1008 Wild Dunes Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$26,500.00
	Daniel Sams 428 Beach Road North Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Darrell Robertson 1210 Congressional Ln Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.93	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$30,000.00
	Darryl Fisher 421 White Columns Way Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.94	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Dave Frey 8709 Decoy Lane Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.95	Nonpriority creditor's name and mailing address David and Jennifer Kostyal PO Box 10141 Wilmington, NC 28404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.96	Nonpriority creditor's name and mailing address David Bauereis 416 Black Diamond Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.97	Nonpriority creditor's name and mailing address David Brown 712 Squire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.98	Nonpriority creditor's name and mailing address David Dibble 6605 Smith Mountain Rd Unit 231 Penhook, VA 24137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,693.00
3.99	Nonpriority creditor's name and mailing address David E. Grange 1000 Butler National Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
3.100	Nonpriority creditor's name and mailing address David Gray 1501 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.101	Nonpriority creditor's name and mailing address David H Tremain 28255 Knapps Lot St Easton, MD 21601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,275.00

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3.102	Nonpriority creditor's name and mailing address David Helms 8594 Galloway National Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,068.00
3.103	Nonpriority creditor's name and mailing address David J Gustincic 20479 N Vermillion Cliffs Dr Surprise, AZ 85387 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.104	Nonpriority creditor's name and mailing address David Jenkins 8506 Hammock Dunes Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,493.00
3.105	Nonpriority creditor's name and mailing address David K Smith 905 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.106	Nonpriority creditor's name and mailing address David Long 258 Hundred Oaks Parkway Summerville, SC 29483 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,770.00
3.107	Nonpriority creditor's name and mailing address David M. Autrey 120 Orchard Lane Wilmington, NC 28605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,800.00
3.108	Nonpriority creditor's name and mailing address David McCarthy 604 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00

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3.109	Nonpriority creditor's name and mailing address David Merrill 1601 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110	Nonpriority creditor's name and mailing address David Pollard 25 Inverness Plymouth, MA 02360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,300.00
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3.111	Nonpriority creditor's name and mailing address David Riggs 417 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.112	Nonpriority creditor's name and mailing address David Sechrist 1004 Callawassee Island Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.113	Nonpriority creditor's name and mailing address David Smith 120 Charlestowne Square Madison, MS 39110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,966.75
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3.114	Nonpriority creditor's name and mailing address David Studer 8550 Galloway National Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.115	Nonpriority creditor's name and mailing address David Swick 8545 Galloway National Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.116	Nonpriority creditor's name and mailing address David Williams 1811 Canaan Drive Greensboro, NC 27408-3634 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,400.00
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3.117	Nonpriority creditor's name and mailing address Dean Carpenter Wilmington, NC Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118	Nonpriority creditor's name and mailing address Del Pennino and Lisa Graham 11045 Lost Lake Dr. Apt. 203 Naples, FL 34105 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,876.00
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3.119	Nonpriority creditor's name and mailing address Dennis and Mary Gershowitz 258 Highlands Dr. Hampstead, NC 28443 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,423.00
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3.120	Nonpriority creditor's name and mailing address Dennis Callanan 1008 Butler National Lane Wilmington, NC 28411 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
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3.121	Nonpriority creditor's name and mailing address Derek Miller 8925 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
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3.122	Nonpriority creditor's name and mailing address Directv Attn: Managing Agent P.O. Box 105249 Atlanta, GA 30348 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$674.03
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3.123	Nonpriority creditor's name and mailing address Diversified Energy Attn: Managing Agent P.O. Box 10192 Wilmington, NC 28404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,967.65
3.124	Nonpriority creditor's name and mailing address Don Reichard 8355 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.125	Nonpriority creditor's name and mailing address Donald J Womble 8815 Sawmill Creek Ln Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.126	Nonpriority creditor's name and mailing address Donald Pastor 8711 Champion Hills Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.127	Nonpriority creditor's name and mailing address Donna Friedman 1 Drake Drive Hillsdale, NJ 07642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.128	Nonpriority creditor's name and mailing address Dragonfly Pond Works Attn: Managing Agent P.O. Box 1089 Apex, NC 27502-1089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$565.00
3.129	Nonpriority creditor's name and mailing address Duane Seward 135 Dogwood Ln Hampstead, NC 28443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.130 Nonpriority creditor's name and mailing address Duke Energy Progress Attn: Managing Agent PO Box 1003 Charlotte, NC 28201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,604.24
3.131 Nonpriority creditor's name and mailing address Dynamic Brands Attn: Managing Agent 2701 Emerywood Pkwy #101 Henrico, VA 23294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$676.91
3.132 Nonpriority creditor's name and mailing address Earl Caison 8220 Bald Eagle Ln Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.133 Nonpriority creditor's name and mailing address Earl Oxendine 8425 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.134 Nonpriority creditor's name and mailing address Eastern Turf Attn: Managing Agent 1045 Bragg Blvd. Fayetteville, NC 28301-4511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$515.97
3.135 Nonpriority creditor's name and mailing address Ecolab Food Safety Attn: Managing Agent 24198 Network Place Chicago, IL 60673-1241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.136 Nonpriority creditor's name and mailing address Ed Storey 248 Bentwood Dr. Leesburg, FL 34748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,655.00

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Name				
3.137	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$10,000.00
	Ed Vogelsong 8636 Vintage Club Drive Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.138	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Edward F Orski 8300 Fazio Dr Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.139	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$30,000.00
	Edward Weed 411 Black Diamond Dr Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.140	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Eileen Ryder C/O Tamara Avis Smith, Esq. 107 N 6th St., PO Drawer 2149 Wilmington, NC 28402	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.141	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Eleanor Russell 7706-2 Blue Heron Dr. West Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.142	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Elizabeth Riveroll C/O Kevin Riveroll 84 Weaver St Greenwich, CT 06896	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.143	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,614.24
	Empire Distributors of NC, Inc. Attn: Managing Agent 4805 Las Tortugas Drive Castle Hayne, NC 28429	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.144	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$785.69
	Entegra Procurement Services, LLC	<input type="checkbox"/> Contingent		
	Attn: Managing Agent	<input type="checkbox"/> Unliquidated		
	P.O. Box 360170	<input type="checkbox"/> Disputed		
	Pittsburgh, PA 15251-6170	Basis for the claim: <u>business debt</u>		
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$26,445.00
	Ernest and Mildred Mario	<input type="checkbox"/> Contingent		
	P.O. Box 445	<input type="checkbox"/> Unliquidated		
	Chatham, NJ 07928	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred	Basis for the claim: <u></u>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$24,895.00
	Ernest Newkirk	<input type="checkbox"/> Contingent		
	C/O Eric & Trisha Newkirk	<input type="checkbox"/> Unliquidated		
	8308 Bald Eagle Lane	<input type="checkbox"/> Disputed		
	Wilmington, NC 28411	Basis for the claim: <u></u>		
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$10,000.00
	Ernest Northup	<input type="checkbox"/> Contingent		
	8637 Vintage Club Drive	<input type="checkbox"/> Unliquidated		
	Wilmington, NC 28411	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred	Basis for the claim: <u></u>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Ernie Wayland	<input type="checkbox"/> Contingent		
	8803 Brantwood Court	<input type="checkbox"/> Unliquidated		
	Wilmington, NC 28411	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred	Basis for the claim: <u>Notice purposes only</u>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$849.00
	Erol and Louise Caglarcan	<input type="checkbox"/> Contingent		
	8937 Champion Hills Drive	<input type="checkbox"/> Unliquidated		
	Wilmington, NC 28411	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred	Basis for the claim: <u></u>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$26,500.00
	Evelyn Carpenter	<input type="checkbox"/> Contingent		
	318 Olde Point Loop	<input type="checkbox"/> Unliquidated		
	Hampstead, NC 28443	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred	Basis for the claim: <u></u>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
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3.151	Nonpriority creditor's name and mailing address Evelyn S Hight 1117 Futch Creek Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152	Nonpriority creditor's name and mailing address Evolve Golf, Inc. Attn: Managing Agent 805 North 4th Street Wilmington, NC 28401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.46
3.153	Nonpriority creditor's name and mailing address Ewing- Castle Hayne Attn: Managing Agent 4805 Las Tortugas Drive Castle Hayne, NC 28429-6327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.63
3.154	Nonpriority creditor's name and mailing address F.P. Fensel Supply Attn: Managing Agent P.O. Box 2063 Wilmington, NC 28402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.48
3.155	Nonpriority creditor's name and mailing address First Citizens Attn: Managing Agent PO Box 27131 FCC 22 Raleigh, NC 27611-7131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.156	Nonpriority creditor's name and mailing address Ford's Produce Attn: Managing Agent 1109 Agriculture St Suite 1 Raleigh, NC 27603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.85
3.157	Nonpriority creditor's name and mailing address Fran Greiner 802 Porters Neck Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.158	Nonpriority creditor's name and mailing address Francis Bolger 418 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.159	Nonpriority creditor's name and mailing address Francis Curis 237 Fern Street West Hartford, CT 06119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,752.00
3.160	Nonpriority creditor's name and mailing address Francis Pinkston 1108 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
3.161	Nonpriority creditor's name and mailing address Frank and Betsy Suman 1202 Congressional Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,272.00
3.162	Nonpriority creditor's name and mailing address Frank and Lou Munoz 6400 Palmetto Drive Unit #4 Isle of Palms, SC 29451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,225.00
3.163	Nonpriority creditor's name and mailing address Frank Genovese 2706 Stonegate Ct Midlothian, VA 23113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,625.00
3.164	Nonpriority creditor's name and mailing address Frank Laino 8 Ashley Court Monroe Township, NJ 08831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

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3.165	Nonpriority creditor's name and mailing address Frank Leak 1603 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.166	Nonpriority creditor's name and mailing address Frank Lopata 8831 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.167	Nonpriority creditor's name and mailing address Fred Hartwigen 2072 Gramercy Place Hummelstown, PA 17036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address Frederick L Zamparelle 47 Marion St Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.169	Nonpriority creditor's name and mailing address Fredrick Strahl 8313 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.170	Nonpriority creditor's name and mailing address G. Robert Marcino 44 Clearview Dr. Milford, DE 19963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,700.00
3.171	Nonpriority creditor's name and mailing address Gary Fontana 1804 Karsten Creek Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00

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3.172	Nonpriority creditor's name and mailing address Gary Ramsey 8804 Olympic Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
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3.173	Nonpriority creditor's name and mailing address Gary Teachey 8713 Champion Hills Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174	Nonpriority creditor's name and mailing address Gary Thompson 1512 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.175	Nonpriority creditor's name and mailing address Gary von Kampen 8505 Emerald Dunes Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176	Nonpriority creditor's name and mailing address Gary W. Best 27 Landing Rd #1 Enfield, NH 03748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,800.00
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3.177	Nonpriority creditor's name and mailing address Gear for Sports Attn: Managing Agent 12193 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,044.00
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3.178	Nonpriority creditor's name and mailing address Generator Supercenter of Wilmington Attn: Managing Agent 6756 Gordon Road Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.85
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3.179	Nonpriority creditor's name and mailing address George Fanady 117 Hallbrook Farms Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$604.00	
3.180	Nonpriority creditor's name and mailing address George H Johnson 2711 Club Drive Greensboro, GA 30642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,000.00	
3.181	Nonpriority creditor's name and mailing address Geraldine Curtis 8709 Lake Nona Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00	
3.182	Nonpriority creditor's name and mailing address Gerard Franklin 924 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00	
3.183	Nonpriority creditor's name and mailing address Gesine Rosenberg 808 Everett's Creek Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00	
3.184	Nonpriority creditor's name and mailing address Glenn and Stephanie Neighbour 725 Squire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,643.00	
3.185	Nonpriority creditor's name and mailing address Glenna Keller 8521 Galloway National Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	

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3.186	Nonpriority creditor's name and mailing address Global Golf Sales Attn: Managing Agent 12233 SW 55th Street Ste 802 Fort Lauderdale, FL 33330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$276.93</u>
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3.187	Nonpriority creditor's name and mailing address Golf Agronomics Sand & Hauling Attn: Managing Agent 2165 17th Street Sarasota, FL 34234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,009.96</u>
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3.188	Nonpriority creditor's name and mailing address Grande Dunes Club Management Attn: Managing Agent P.O. Box 14290 Raleigh, NC 27620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,458.94</u>
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3.189	Nonpriority creditor's name and mailing address Green Resource Attn: Managing Agent P.O. Box 429 Colfax, NC 27235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,673.71</u>
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3.190	Nonpriority creditor's name and mailing address Gregory Smith 8811 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.191	Nonpriority creditor's name and mailing address Gregory Stone 7104 Trailmark Road Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,218.00</u>
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3.192	Nonpriority creditor's name and mailing address Guy Beale 8574 Galloway National Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27,000.00</u>
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3.193	Nonpriority creditor's name and mailing address Hal Garrett 108 Hallbrook Farms Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.194	Nonpriority creditor's name and mailing address Happy Chef Attn: Managing Agent 22 Park Place Butler, NJ 07405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$562.05
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3.195	Nonpriority creditor's name and mailing address Harold Burton 402 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
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3.196	Nonpriority creditor's name and mailing address Harold Garrish 401 Black Diamond Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Foreclosure</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.197	Nonpriority creditor's name and mailing address Harold Garrish 401 Black Diamond Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,958.00
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3.198	Nonpriority creditor's name and mailing address Harvey Molloy 12100 Tango Lane #103 Raleigh, NC 27613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,560.00
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3.199	Nonpriority creditor's name and mailing address Henry Adams 8725 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.200	Nonpriority creditor's name and mailing address Herb Michaelis 417 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.201	Nonpriority creditor's name and mailing address Herman J Rozycki 935 Saltwood Ln Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202	Nonpriority creditor's name and mailing address Herman Mogan 1111 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.203	Nonpriority creditor's name and mailing address Highland Capital Corporation Attn: Managing Agent P.O. Box 1224 Little Falls, NJ 07424-8224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,076.20
3.204	Nonpriority creditor's name and mailing address Highland Roofing Co. Attn: Managing Agent 4310 Deer Creek Lane Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.45
3.205	Nonpriority creditor's name and mailing address Hillside Signs Attn: Managing Agent 37 South Lake Road De Ruyter, NY 13052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.50
3.206	Nonpriority creditor's name and mailing address Hiram P Maxim 4928 Three Oaks Blvd Sarasota, FL 34233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,800.00

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3.207 Nonpriority creditor's name and mailing address Howard Rockness 8424 Bald Eagle Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,500.00
3.208 Nonpriority creditor's name and mailing address Hubert Company Attn: Managing Agent 25401 Network Place Chicago, IL 60673-1254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.63
3.209 Nonpriority creditor's name and mailing address Hugh Phillips C/O Stephanie Adams PO Box 1409 Wilmington, NC 28402-1409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,242.00
3.210 Nonpriority creditor's name and mailing address Ihrle Supply Company Attn: Managing Agent 1020 E Whitaker Mill Rd Raleigh, NC 27608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.71
3.211 Nonpriority creditor's name and mailing address Illuminate Electrical Services Attn: Managing Agent P.O. Box 905 Carolina Beach, NC 28428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,520.92
3.212 Nonpriority creditor's name and mailing address Imperial Headwear Inc. Attn: Managing Agent One Paramount Drive Bourbon, MO 65441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$521.43
3.213 Nonpriority creditor's name and mailing address In the Swim Attn: Managing Agent P.O. Box 505428 Saint Louis, MO 63150-5428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.45

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3.214	Nonpriority creditor's name and mailing address Inland Seafood Attn: Managing Agent 1651 Montreal Circle Tucker, GA 30084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,299.67
3.215	Nonpriority creditor's name and mailing address Ira Bard 8940 Woodcreek Circle Woodstock, CT 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.216	Nonpriority creditor's name and mailing address J.L. Glass 1118 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.217	Nonpriority creditor's name and mailing address Jack Halverson 8401 Emerald Dunes Road Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.218	Nonpriority creditor's name and mailing address Jack Martini Wilmington, NC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.219	Nonpriority creditor's name and mailing address Jack Pfisterer 8303 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.220	Nonpriority creditor's name and mailing address Jacqueline O'Grady 708 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00

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3.221	Nonpriority creditor's name and mailing address Jake Hooks 1505 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.222	Nonpriority creditor's name and mailing address James A Rayburn 5370 Coral Ave Cape Coral, FL 33904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,000.00
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3.223	Nonpriority creditor's name and mailing address James and Ann Chapman 8816 Sawmill Creek Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.224	Nonpriority creditor's name and mailing address James Boyce C/O Sarah Burger 4011 S. Rockingham Rd Greensboro, NC 27407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,625.00
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3.225	Nonpriority creditor's name and mailing address James Daly 816 Wild Dunes Cricle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
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3.226	Nonpriority creditor's name and mailing address James Davis Wilmington, NC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.227	Nonpriority creditor's name and mailing address James Holderness 8906 Mahogany Run Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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Debtor Name	Case number (if known)	
Porters Neck Country Club, Inc.	19-04309-5	
3.228 Nonpriority creditor's name and mailing address James Houpt 8901 Saint Ives Place Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.229 Nonpriority creditor's name and mailing address James L McGee 716 Squire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.230 Nonpriority creditor's name and mailing address James Malone 17 Primrose Ave Floral Park, NY 11001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.231 Nonpriority creditor's name and mailing address James Oliver 1005 Callawassie Island Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.232 Nonpriority creditor's name and mailing address James Stone 3328 Bellewood Forest Circle Raleigh, NC 27612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.233 Nonpriority creditor's name and mailing address James W Vaugh 8804 Sawmill Creek Ln Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.234 Nonpriority creditor's name and mailing address James Wilson 1100 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.235	Nonpriority creditor's name and mailing address Jan Gustafson 8720 Lowes Island Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.236	Nonpriority creditor's name and mailing address Janie Barker Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,800.00
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3.237	Nonpriority creditor's name and mailing address Jannie Walker 1021 Callawassie Island Dr Jacksonville, NC 28540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.238	Nonpriority creditor's name and mailing address Jay Melind 1110 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,623.00
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3.239	Nonpriority creditor's name and mailing address Jay Murray 2885 Sanford Ave SW #41974 Grandville, MI 49418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,252.00
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3.240	Nonpriority creditor's name and mailing address Jeanne Kendig C/O Margaret Herring 209 Colonia Dr Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.241	Nonpriority creditor's name and mailing address Jeff Crumley 8668 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Name	Case number (if known)	
Porters Neck Country Club, Inc.	19-04309-5	
3.242 Nonpriority creditor's name and mailing address Jeff Stevens 4 Ridge Rd Franklin, VA 23851 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.243 Nonpriority creditor's name and mailing address Jerry Hardy 4001 Brambletye Ct. Greensboro, NC 27407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.244 Nonpriority creditor's name and mailing address Jerry Horton 608 Wild Dunes Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.245 Nonpriority creditor's name and mailing address Jim Murphy 916 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.246 Nonpriority creditor's name and mailing address Jim Rouse 8900 Saint Ives Place Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.247 Nonpriority creditor's name and mailing address Jimmy and Cynthia Stephens 103 Dunnrunnin Point Murphy, NC 28906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,883.00
3.248 Nonpriority creditor's name and mailing address Joan Anderson 2041 Culpepper Way The Villages, FL 32162 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00

Debtor	Porters Neck Country Club, Inc. <small>Name</small>	Case number (if known)	19-04309-5
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3.249	Nonpriority creditor's name and mailing address Joan E Kuebler 8345 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.250	Nonpriority creditor's name and mailing address Joan Obernesser 8823 Sawmill Creek Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.251	Nonpriority creditor's name and mailing address Joanne Purnell 707 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,070.00
3.252	Nonpriority creditor's name and mailing address Joe Owens 4605 Fairview Dr Apt 232 Wilmington, NC 28412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.253	Nonpriority creditor's name and mailing address John Alsop 1001 Wild Dunes Circle Richmond, VA 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.254	Nonpriority creditor's name and mailing address John and Elaine Garipey 1102 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.255	Nonpriority creditor's name and mailing address John and Rosetta Ruppe 1110 Congressional Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Porters Neck Country Club, Inc.		Case number (if known)	19-04309-5
Name				
3.256	Nonpriority creditor's name and mailing address John and Rosetta Ruppe 207 Barwick Way Knightdale, NC 27545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.257	Nonpriority creditor's name and mailing address John and Rosetta Ruppe 207 Barwick Way Knightdale, NC 27545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.258	Nonpriority creditor's name and mailing address John Baer 438 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.259	Nonpriority creditor's name and mailing address John Barbour 1804 Hartefield National Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00	
3.260	Nonpriority creditor's name and mailing address John Bihldorff 105 Elm St Canton, MA 02021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00	
3.261	Nonpriority creditor's name and mailing address John C Jester 6 Charleston Square Greensboro, NC 27408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,869.57	
3.262	Nonpriority creditor's name and mailing address John Criscione 835 Old Medford Ave Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00	

Debtor	Porters Neck Country Club, Inc. <small>Name</small>	Case number (if known)	19-04309-5
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3.263	Nonpriority creditor's name and mailing address John Donovan 112 W. High Bluff Drive Hampstead, NC 28443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.264	Nonpriority creditor's name and mailing address John Drew 1005 Butler National Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.265	Nonpriority creditor's name and mailing address John Dwight 1520 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.266	Nonpriority creditor's name and mailing address John Fuller 8700 Thornblade Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.267	Nonpriority creditor's name and mailing address John Garipey 1102 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.268	Nonpriority creditor's name and mailing address John Grimshaw 8960 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.269	Nonpriority creditor's name and mailing address John Hepner 8308 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor Name	Porters Neck Country Club, Inc.	Case number (if known)	19-04309-5
3.270	Nonpriority creditor's name and mailing address John J Pastis 14 Crystal Lake Rd West Union, WV 26456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,490.65
3.271	Nonpriority creditor's name and mailing address John Koons 562 Windstar Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,521.00
3.272	Nonpriority creditor's name and mailing address John Laurine 35 Loudon Loop Mt. Sinai, NY 11766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
3.273	Nonpriority creditor's name and mailing address John Lucey 800 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.274	Nonpriority creditor's name and mailing address John M Mudge 8819 Sawmill Creek Ln Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.275	Nonpriority creditor's name and mailing address John McGill 8705 Lincolnshire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	Nonpriority creditor's name and mailing address John Millett 8917 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00

Debtor Name	Case number (if known)	
Porters Neck Country Club, Inc.	19-04309-5	
3.277 Nonpriority creditor's name and mailing address John Molchan 8901 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.278 Nonpriority creditor's name and mailing address John Pisarek 8525 Emerald Dunes Rd. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
3.279 Nonpriority creditor's name and mailing address John Pool 630 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.280 Nonpriority creditor's name and mailing address John Rappe 928 Wild Dunes Circle Leland, NC 28451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.281 Nonpriority creditor's name and mailing address John Rappe 1105 Cresthill Ct. Leland, NC 28451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.282 Nonpriority creditor's name and mailing address John Sawyer 8701 Lincolnshire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.283 Nonpriority creditor's name and mailing address John Schoolfield 1513 Jupiter Hill Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00

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3.284	Nonpriority creditor's name and mailing address John Stair 403 Black Diamond Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.285	Nonpriority creditor's name and mailing address John Starling 105 Hallbrook Farms Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.286	Nonpriority creditor's name and mailing address John Tantillo 8417 Fazio Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.287	Nonpriority creditor's name and mailing address John VanSurdam 508 E Main Street Seneca, SC 29679 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,418.00
3.288	Nonpriority creditor's name and mailing address John W Protenic 1016 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,348.00
3.289	Nonpriority creditor's name and mailing address John Wilson 8936 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.290	Nonpriority creditor's name and mailing address Jon Beemer 8708 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00

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3.291	Nonpriority creditor's name and mailing address Jonathan Balkcum 109 Hallbrook Farms Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
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3.292	Nonpriority creditor's name and mailing address Joseph Bassett 8401 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
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3.293	Nonpriority creditor's name and mailing address Joseph Cantalice 404 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294	Nonpriority creditor's name and mailing address Joseph Damitz 8822 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.295	Nonpriority creditor's name and mailing address Joseph Helak 8955 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.296	Nonpriority creditor's name and mailing address Joseph Marston 8704 Lincolnshire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.297	Nonpriority creditor's name and mailing address Joseph Mnick 4106 Perth Rd. Indian Land, SC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,550.00
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Debtor **Porters Neck Country Club, Inc.**
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3.298	Nonpriority creditor's name and mailing address Joyce Ford 600 West Brown St. Apt 209 Birmingham, MI 48009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,509.00
3.299	Nonpriority creditor's name and mailing address JRM, Inc. Attn: Managing Agent P.O. Box 1689 Welcome, NC 27374-1689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$363.49
3.300	Nonpriority creditor's name and mailing address Judy Parlatore 8604 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.301	Nonpriority creditor's name and mailing address Karl Larsen 8703 Interlachen Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.302	Nonpriority creditor's name and mailing address Kathy Tunks 1913 Hallmark Ln Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.303	Nonpriority creditor's name and mailing address Katsuto Ono 1205 Hummingbird Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.304	Nonpriority creditor's name and mailing address Ken Hagler 904 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.305	Nonpriority creditor's name and mailing address Ken Oakes 8331 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.306	Nonpriority creditor's name and mailing address Kenneth B Garrison 1100 Congressional Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.307	Nonpriority creditor's name and mailing address Kenneth J Leenstra 187 Ridgefield Rd Shelburne, VT 05482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,500.00
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3.308	Nonpriority creditor's name and mailing address Kenneth Rankin 232 Grayhawk Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$604.00
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3.309	Nonpriority creditor's name and mailing address Kevin Creekmore 8645 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.310	Nonpriority creditor's name and mailing address Kevin Crowley 177 Steep Hill Rd Weston, CT 06883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
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3.311	Nonpriority creditor's name and mailing address Larry and Judy Stine 6505 Fairway Row Lane Charlotte, NC 28277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312	Nonpriority creditor's name and mailing address Larry Ankrom 8512 Galloway National Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.313	Nonpriority creditor's name and mailing address Larry King 543 Windstar Lane Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
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3.314	Nonpriority creditor's name and mailing address Larry Kishpaugh Wilmington, NC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,920.00
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3.315	Nonpriority creditor's name and mailing address Larry Stine 6505 Fairway Row Lane Charlotte, NC 28277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,025.00
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3.316	Nonpriority creditor's name and mailing address Leo and Mary Beltracchi 636 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,953.00
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3.317	Nonpriority creditor's name and mailing address Lewis Morris C/O James Lewis Wilmington, NC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.318	Nonpriority creditor's name and mailing address Linda Brown C/O Keith Brown 10604 Highstream Dr Raleigh, NC 27614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,426.00
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Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.319	Nonpriority creditor's name and mailing address Linda Woods 7927 Reunion Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
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3.320	Nonpriority creditor's name and mailing address Lloyd Peterson 7 Dunaway Court Greensboro, NC 27408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,500.00
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3.321	Nonpriority creditor's name and mailing address Loggerhead Lawn Care Attn: Managing Agent P.O. Box 1592 Wrightsville Beach, NC 28480 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,246.00
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3.322	Nonpriority creditor's name and mailing address Louis Skrapits 1018 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.323	Nonpriority creditor's name and mailing address Lowes Attn: Managing Agent P.O. Box 530954 Atlanta, GA 30353-0954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,220.14
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3.324	Nonpriority creditor's name and mailing address Lynn L Morris 52 Cherry Forest Lane Fairview, NC 28730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
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3.325	Nonpriority creditor's name and mailing address Mack Armstrong Atlanta, GA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,925.00
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Debtor Name	Case number (if known)	
Porters Neck Country Club, Inc.	19-04309-5	
3.326 Nonpriority creditor's name and mailing address Mack Braxton 1017 Ashes Drive Suite 202 Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.327 Nonpriority creditor's name and mailing address Marc Schuilwerpe C/O Saudi Aramco PO Box 4011 Ras Tamura, Saudia Arabia 31311-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,736.00
3.328 Nonpriority creditor's name and mailing address Margaret Cassara Chateau Terrace 1220-B Columbus Circle Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,070.00
3.329 Nonpriority creditor's name and mailing address Margaret Gordon 8620 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.330 Nonpriority creditor's name and mailing address Mark J. Colby 8333 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.331 Nonpriority creditor's name and mailing address Mark Leach 8660 Vintage Club Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.332 Nonpriority creditor's name and mailing address Marshall Beach 406 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.333	Nonpriority creditor's name and mailing address Martha Maxim 4928 Three Oaks Blvd Sarasota, FL 34323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.334	Nonpriority creditor's name and mailing address Martin Haller 8549 Galloway National Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.335	Nonpriority creditor's name and mailing address Mary Vandegrift 3835 Heritage Spring Circle Wake Forest, NC 27587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,280.00
3.336	Nonpriority creditor's name and mailing address Maryann Maitland 8610 Hammock Dunes Dr Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.337	Nonpriority creditor's name and mailing address Maurice Snavelly 8808 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.338	Nonpriority creditor's name and mailing address McConnell Golf Attn: Managing Agent P.O. Box 14369 Raleigh, NC 27620-4369 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,024.02
3.339	Nonpriority creditor's name and mailing address Medac Health Service Attn: Managing Agent 4402 Shipyard Blvd Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00

Debtor Name	Case number (if known)	
Porters Neck Country Club, Inc.	19-04309-5	
3.340 Nonpriority creditor's name and mailing address Michael and Gisela Binder 8632 Vintage Club Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$852.00
3.341 Nonpriority creditor's name and mailing address Michael and Lori Isherwood 6717 Carmel Trail Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$692.00
3.342 Nonpriority creditor's name and mailing address Michael Borom 6 Evergreen Ave Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.343 Nonpriority creditor's name and mailing address Michael Cahill 8702 Interlachen Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
3.344 Nonpriority creditor's name and mailing address Michael Catullo 700 Squire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,797.00
3.345 Nonpriority creditor's name and mailing address Michael Wax 8815 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,500.00
3.346 Nonpriority creditor's name and mailing address Mid-Atlantic Specialties, Inc. Attn: Managing Agent P.O. Box 98749 Raleigh, NC 27624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,932.00

Debtor	Porters Neck Country Club, Inc.		Case number (if known)	19-04309-5
Name				
3.347	Nonpriority creditor's name and mailing address Mike and Judy Sullivan PO Box 7180 Jupiter, FL 33468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$20,970.00
3.348	Nonpriority creditor's name and mailing address Mike Chambers 8944 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$27,000.00
3.349	Nonpriority creditor's name and mailing address Missy Bell Collier 7927 Reunion Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$0.00
3.350	Nonpriority creditor's name and mailing address MoonShot Foods Attn: Managing Agent P.O. Box 1638 Wrightsville Beach, NC 28480 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$353.44
3.351	Nonpriority creditor's name and mailing address Nancy Truby 404 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$0.00
3.352	Nonpriority creditor's name and mailing address Napa Autoparts- Ferrell, Inc. Attn: Managing Agent 318 North Green Meadow Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$257.52
3.353	Nonpriority creditor's name and mailing address NC DHHS Attn: Managing Agent 2001 Mail Service Center Raleigh, NC 27699 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$360.00

Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.354	Nonpriority creditor's name and mailing address Ned and Jane Steele Willow Valley Square Apt VA 360 Lancaster, PA 17602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,445.00
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3.355	Nonpriority creditor's name and mailing address Neil Blake 517 Windstar Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.356	Nonpriority creditor's name and mailing address Nick Ferrante Wilmington, NC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.357	Nonpriority creditor's name and mailing address Noel Gallagher 1006 Butler National Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.358	Nonpriority creditor's name and mailing address Norman Schecter 103 Lee Dr Palm Coast, FL 32137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
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3.359	Nonpriority creditor's name and mailing address Ocean Ridge Plantation Attn: Managing Agent 53 Ocean Ridge Pkwy SW Ocean Isle Beach, NC 28469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.00
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3.360	Nonpriority creditor's name and mailing address Otis Elevator Attn: Managing Agent PO Box 730400 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$534.98
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Debtor	Name	Case number (if known)	
	Porters Neck Country Club, Inc.	19-04309-5	
3.361	Nonpriority creditor's name and mailing address Pablo Eguia P.O. Box 161239 Altamonte Springs, FL 32716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.362	Nonpriority creditor's name and mailing address Pat and Denyse McDonnell 812 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,308.00
3.363	Nonpriority creditor's name and mailing address Pat Dozier 8301 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.364	Nonpriority creditor's name and mailing address Patricia and William Morrison 241 Olde Quarry Rd. Graham, NC 27253 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,700.00
3.365	Nonpriority creditor's name and mailing address Patrick Sullivan 1017 Calawassie Island Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.366	Nonpriority creditor's name and mailing address Paul DeMuro 1201 Futch Creek Rd. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.367	Nonpriority creditor's name and mailing address Paul Lennon 8818 Sawmill Creek Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,540.00

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3.368	Nonpriority creditor's name and mailing address Paul Mikkelsen 202 South Meadow Green #54 Nags Head, NC 27959 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,504.00
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3.369	Nonpriority creditor's name and mailing address Pestco Exterminating Co Attn: Managing Agent 2921 Blue Clay Road Castle Hayne, NC 28429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.00
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3.370	Nonpriority creditor's name and mailing address Pete Rivenbark 8405 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371	Nonpriority creditor's name and mailing address Peter and Heidi Ziehl 1800 Karsten Creek Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,435.00
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3.372	Nonpriority creditor's name and mailing address Phillip Whittington 8510 Emerald Dunes Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.373	Nonpriority creditor's name and mailing address Phyllis and Jon Wallenmeyer 14366 Chesterfield Road Rockville, MD 20853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$849.81
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3.374	Nonpriority creditor's name and mailing address Phyllis Miller 1112 Congressional Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	
	Porters Neck Country Club, Inc.	19-04309-5	
3.375	Nonpriority creditor's name and mailing address Ping Attn: Managing Agent P.O. Box 52450 Phoenix, AZ 85072-2450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,824.55
3.376	Nonpriority creditor's name and mailing address Pitney Bowes Attn: Managing Agent P.O. Box 371887 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$455.82
3.377	Nonpriority creditor's name and mailing address Pool Professionals of Coastal Attn: Managing Agent P.O. Box 91602 Raleigh, NC 27675-1602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.00
3.378	Nonpriority creditor's name and mailing address Port City Staffing Attn: Managing Agent P.O. Box 7660 Wilmington, NC 28406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,528.44
3.379	Nonpriority creditor's name and mailing address Porters Neck Limited, LLC c/o Oliver & Cheek, PLLC P.O. Box 1548 New Bern, NC 28563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Sanctions</u> <u>14 CVS 2740</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,690.50
3.380	Nonpriority creditor's name and mailing address Porters Neck Limited, LLC c/o Oliver & Cheek, PLLC P.O. Box 1548 New Bern, NC 28563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Breach of Contract Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.381	Nonpriority creditor's name and mailing address Private Club Network Attn: Managing Agent 330 South Warminster Rd, Suite 360 Hatboro, PA 19040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.00

Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.382	Nonpriority creditor's name and mailing address Protection 1/ADT Attn: Managing Agent PO Box 219044 Kansas City, MO 64121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,114.35
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3.383	Nonpriority creditor's name and mailing address R. Clark Pearson 8628 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
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3.384	Nonpriority creditor's name and mailing address R. Hitchcock 8656 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
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3.385	Nonpriority creditor's name and mailing address R. Tom Sinclair 413 W. Renovah Circle Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386	Nonpriority creditor's name and mailing address Ralph Gevinson 6345 Chalfont Circle Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.387	Nonpriority creditor's name and mailing address Ralph Miles 8343 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$287.00
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3.388	Nonpriority creditor's name and mailing address Randy Smith 556 Windstar Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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Debtor	Porters Neck Country Club, Inc.		Case number (if known)	19-04309-5
Name				
3.389	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	
	Ray Parker 612 Wild Dunes Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.390	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	
	Raymond Miller 8704 Bardmoor Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.391	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,500.00	
	Reed Taffer 502 Tanbridge Rd Wilmington, NC 28405	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.392	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,500.00	
	Rich Simonetti 418 Black Diamond Dr. Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.393	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,000.00	
	Richard Achilles 3918 Southwest 10th Place Atlanta, GA 33914	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.394	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30,000.00	
	Richard Anderson 8812 Fazio Dr Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.395	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	
	Richard Anderson 8812 Fazio Dr Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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	Name			
3.396	Nonpriority creditor's name and mailing address Richard Ashenfelter 8709 Thornblade Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$11,500.00
3.397	Nonpriority creditor's name and mailing address Richard Carroll 8709 Champion Hills Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$11,500.00
3.398	Nonpriority creditor's name and mailing address Richard Elmer 8323 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$17,500.00
3.399	Nonpriority creditor's name and mailing address Richard Ezzell 8664 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$30,000.00
3.400	Nonpriority creditor's name and mailing address Richard F Sinnott 226 Meeting Lane Atlanta, GA 30342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$27,000.00
3.401	Nonpriority creditor's name and mailing address Richard Ferguson 720 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$20,000.00
3.402	Nonpriority creditor's name and mailing address Richard Furr c/o Charles Brewer 79 Woodfin Pl #206 Asheville, NC 28801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown

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3.403	Nonpriority creditor's name and mailing address Richard Glover 408 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.404	Nonpriority creditor's name and mailing address Richard Grant 8224 Bald Eagle Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.405	Nonpriority creditor's name and mailing address Richard Hunter 522 Linton Hill Rd. Newtown, PA 18940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,590.00
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3.406	Nonpriority creditor's name and mailing address Richard Kingston 4876 N. Quail Crest SE Grand Rapids, MI 49546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407	Nonpriority creditor's name and mailing address Richard Kuhn 524 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.408	Nonpriority creditor's name and mailing address Richard L Harrison 1216 Congressional Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409	Nonpriority creditor's name and mailing address Richard Lobeck 102 Pine Grove Ct Leland, NC 28451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.410	Nonpriority creditor's name and mailing address Richard Lowry 8309 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.411	Nonpriority creditor's name and mailing address Richard Martino 8517 Galloway National Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
<hr/>			
3.412	Nonpriority creditor's name and mailing address Richard Norman 1106 Congressional Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,818.00
<hr/>			
3.413	Nonpriority creditor's name and mailing address Richard Perrone 6 Conant Valley Rd Pound Ridge, NY 10576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,400.00
<hr/>			
3.414	Nonpriority creditor's name and mailing address Richard Proctor P.O. Box 311 Mendham, NJ 07945 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
<hr/>			
3.415	Nonpriority creditor's name and mailing address Richard Quinn 407 Black Diamond Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.416	Nonpriority creditor's name and mailing address Richard Skurski 936 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00

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Name				
3.417	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	
	Richard Walsh C/O Bernice Walsh 1111 Congressional Ln Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.418	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,000.00	
	Rita Ackert 8904 Mahogany Run Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.419	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,500.00	
	Rita Scull 8541 Galloway National Dr Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.420	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,000.00	
	Robert Adkins 515 Windstar Lane Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.421	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$488.00	
	Robert and Brenda Boxley 716 Wild Dunes Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.422	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27,000.00	
	Robert Boyer 8920 Champion Hills Drive Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.423	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	
	Robert Bullock 137 hallbrook Farms Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name				
3.424	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Robert Coxe 119 Aldersgate Rd. Jacksonville, NC 28546	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.425	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$26,325.00
	Robert D Hoover 8704 Fazio Drive Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.426	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$24,000.00
	Robert DiBona 8933 Champion Hills Dr. Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.427	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Robert Duff 412 Black Diamond Drive Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.428	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,750.00
	Robert Eakins 8311 Vintage Club Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.429	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Robert Elliott 419 White Columns Way Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.430	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$10,635.00
	Robert Graebener 15 Hasleiter's Retreat Savannah, GA 31411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.431	Nonpriority creditor's name and mailing address Robert Guillou II 1002 Tidings Road Leland, NC 28451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,380.00
3.432	Nonpriority creditor's name and mailing address Robert H. Goslee & Assoc. Attn: Managing Agent 513 Chestnut Street Wilmington, NC 28401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.433	Nonpriority creditor's name and mailing address Robert Hallman 3045 Hood Rd Medina, OH 44256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.434	Nonpriority creditor's name and mailing address Robert Heckle 1524 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.435	Nonpriority creditor's name and mailing address Robert Huie 8705 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.436	Nonpriority creditor's name and mailing address Robert Kastl 4209 Ridge Top Rd #603 Fairfax, VA 22030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
3.437	Nonpriority creditor's name and mailing address Robert Ketchum 820 Audubon Way Apt. 203 Lincolnshire, IL 60069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,980.04

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3.438	Nonpriority creditor's name and mailing address Robert Lamberty 122 Wayforest Drive Venice, FL 34292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$27,770.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.439	Nonpriority creditor's name and mailing address Robert Lloyd 8201 Sage Valley Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$20,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.440	Nonpriority creditor's name and mailing address Robert Mellis 8800 Sawmill Creek Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.441	Nonpriority creditor's name and mailing address Robert Preddy 415 Black Diamond Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$30,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.442	Nonpriority creditor's name and mailing address Robert Resh 811 John's Orchard Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$27,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.443	Nonpriority creditor's name and mailing address Robert Ronne 381 Shackleford Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$24,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.444	Nonpriority creditor's name and mailing address Robert Thurston PO Box 3580 Wilmington, NC 28406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.445	Nonpriority creditor's name and mailing address Robert Wishart 1200 Olmstead Lane Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$417.00
3.446	Nonpriority creditor's name and mailing address Rod Larmee 808 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.447	Nonpriority creditor's name and mailing address Roger and Jannet Kramer 8329 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,908.00
3.448	Nonpriority creditor's name and mailing address Roger Kinsey 8441 Fazio Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.449	Nonpriority creditor's name and mailing address Roger Wells 1205 Congressional Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.450	Nonpriority creditor's name and mailing address Roger Young 8720 Fazio Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.451	Nonpriority creditor's name and mailing address Roland Stoner 8533 Galloway National Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00

Debtor Name	Case number (if known)	
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3.452 Nonpriority creditor's name and mailing address Rolf Russart 1013 Callawassie Island Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.453 Nonpriority creditor's name and mailing address Ron Hesmer 8004 Bald Eagle Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.454 Nonpriority creditor's name and mailing address Ronald Baird 33 Deer Meadow Lake Wilmington, NC 06281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,700.00
3.455 Nonpriority creditor's name and mailing address Ronald Cohen P.O. Box 10305 Wilmington, NC 28404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.456 Nonpriority creditor's name and mailing address Ronald Foster 7919 Blue Heron Drive West Apt. 302 Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,970.00
3.457 Nonpriority creditor's name and mailing address Ronald J Klemick 330 Olde Point Loop Hampstead, NC 28443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.458 Nonpriority creditor's name and mailing address Ronald Lake 8717 Lincolnshire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00

Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.459	Nonpriority creditor's name and mailing address Ronald Ramge 652 Caicos Ct. Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,600.00
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3.460	Nonpriority creditor's name and mailing address Roy Bussewitz 1511 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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3.461	Nonpriority creditor's name and mailing address RST Attn: Managing Agent 526 Long Leaf Acres Drive Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$524.84
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3.462	Nonpriority creditor's name and mailing address Rudy and Ce Ce Smithwick 8633 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.463	Nonpriority creditor's name and mailing address Russell Zink 8625 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.464	Nonpriority creditor's name and mailing address Ruth Hogan 933 John's Orchard Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.465	Nonpriority creditor's name and mailing address Ruth Southworth 1112 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$604.00
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Debtor	Porters Neck Country Club, Inc. <small>Name</small>	Case number (if known)	19-04309-5
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3.466	Nonpriority creditor's name and mailing address S&D Coffee and Tea, Inc. Attn: Managing Agent 300 Concord Parkway South Concord, NC 28026-1628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.36
3.467	Nonpriority creditor's name and mailing address Sally and W.D. Ryan 8700 Bardmoor Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.468	Nonpriority creditor's name and mailing address Sally Brauer 8237-2 Blue Heron Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.469	Nonpriority creditor's name and mailing address Sally Proctor 1011 Meadowgrass Ln Leland, NC 28451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.470	Nonpriority creditor's name and mailing address Sam Allen 3635 Scottshill Loop Rd. Cape Coral, FL 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,675.00
3.471	Nonpriority creditor's name and mailing address Samuel G Gilmore Wilmington, NC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,710.00
3.472	Nonpriority creditor's name and mailing address Samuel Lawson 8802 Sawmill Creek Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.473	Nonpriority creditor's name and mailing address Sandra and David Secore 8612 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.474	Nonpriority creditor's name and mailing address Sandy de Holl c/o Allison Goldfarb 2700 Lena Court Oakton, VA 22124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,200.00
3.475	Nonpriority creditor's name and mailing address Sarah Gorrell 210 Irving Place Greensboro, NC 27408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.00
3.476	Nonpriority creditor's name and mailing address Sean McDonough 827 Bayshore Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.477	Nonpriority creditor's name and mailing address Seaview Crab Company Attn: Managing Agent 1515 Marstellar Street Wilmington, NC 28401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.05
3.478	Nonpriority creditor's name and mailing address Shapemasters, Inc. Attn: Managing Agent 1008 Bullard Ct #202 Raleigh, NC 27615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.479	Nonpriority creditor's name and mailing address Ship Sticks Attn: Managing Agent 324 Datura Street, Suite 400 West Palm Beach, FL 33401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.96

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Porters Neck Country Club, Inc. Name 3.480 Nonpriority creditor's name and mailing address Shipman & Wright, LLP Attn: Managing Agent 575 Military Cutoff Road, Ste 106 Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: legal fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.481 Nonpriority creditor's name and mailing address Sikes Commercial Cleaning Attn: Managing Agent 108 N Kerr Ave Suite H3 Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.482 Nonpriority creditor's name and mailing address Simmons Irrigation Supply Attn: Managing Agent P.O. Box 10 Walterboro, SC 29488 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.21
3.483 Nonpriority creditor's name and mailing address Smith Turf & Irrigation Attn: Managing Agent 4355 Golf Acres Drive Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$819.09
3.484 Nonpriority creditor's name and mailing address Spectrum Attn: Managing Agent P.O. Box 70872 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,487.07
3.485 Nonpriority creditor's name and mailing address Speros Philis Greece, NC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,335.00
3.486 Nonpriority creditor's name and mailing address Springer-Eubank Oil Co Attn: Managing Agent 123 W. Shipyard Blvd. Wilmington, NC 28412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,164.78

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3.487	Nonpriority creditor's name and mailing address Stephanie Haley 8703 Decoy Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.488	Nonpriority creditor's name and mailing address Stephen and Debra Kaluzne 8417 Emerald Dunes Rd. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,448.00
3.489	Nonpriority creditor's name and mailing address Stephen J Lucas 8327 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.490	Nonpriority creditor's name and mailing address Stephen Stubits 8900 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
3.491	Nonpriority creditor's name and mailing address Sterling Cut Glass Attn: Managing Agent P.O. Box 75148 Cincinnati, OH 45275-0148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$506.82
3.492	Nonpriority creditor's name and mailing address Steve Fahle 20024 Valhalla Sq Ashburn, VA 20147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.493	Nonpriority creditor's name and mailing address Steve Flowers 1005 Callawassie Island Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.494	Nonpriority creditor's name and mailing address Steve Knight 401 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,149.00
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3.495	Nonpriority creditor's name and mailing address Steve Nickol 430 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.496	Nonpriority creditor's name and mailing address Steven J Hertz 8902 St. Ives Place Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.497	Nonpriority creditor's name and mailing address Steven Mayer 8321 Vintage Club Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.498	Nonpriority creditor's name and mailing address Steven Rothschild 8341 Vintage Club Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
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3.499	Nonpriority creditor's name and mailing address Stevens Hardware Attn: Managing Agent 6756 Market Street Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.34
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3.500	Nonpriority creditor's name and mailing address Stuart B James 8721 Davishire Drive Raleigh, NC 27615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,250.00
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3.501	Nonpriority creditor's name and mailing address Suburban Propane Attn: Managing Agent 240 Route 10 W Whippany, NJ 07981 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.45
<hr/>			
3.502	Nonpriority creditor's name and mailing address Susan Goodman Sterne 120 Coguina Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.503	Nonpriority creditor's name and mailing address Susan Mayne 8506 Emerald Dunes Rd. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
<hr/>			
3.504	Nonpriority creditor's name and mailing address Sysco Food Services Attn: Managing Agent P.O. Box 129 Selma, NC 27576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,980.26
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3.505	Nonpriority creditor's name and mailing address Talmage Jones 8951 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
<hr/>			
3.506	Nonpriority creditor's name and mailing address Taylor Made Golf Company Attn: TM US Wholesale Lockbox 29516 Network Place Chicago, IL 60673-1295 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$462.39
<hr/>			
3.507	Nonpriority creditor's name and mailing address Telcom Communications Attn: Managing Agent 602 Grange Street Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.60

Debtor	Name	Case number (if known)	
	Porters Neck Country Club, Inc.	19-04309-5	
3.508	Nonpriority creditor's name and mailing address Terri Lerosse 1009 Callawassie Island Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.509	Nonpriority creditor's name and mailing address Theodore Humphrey c/o Jay Humphrey 65 Westgate Rd Wellesley, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,416.00
3.510	Nonpriority creditor's name and mailing address Thomas and Kathleen Lubbers 420 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.511	Nonpriority creditor's name and mailing address Thomas Atkins 1011 Butler National Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.512	Nonpriority creditor's name and mailing address Thomas Bugbee 708 Squire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
3.513	Nonpriority creditor's name and mailing address Thomas Finn 426 Black Diamond Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,697.00
3.514	Nonpriority creditor's name and mailing address Thomas Harris 1509 Jupiter Hills Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00

Debtor	Porters Neck Country Club, Inc.		Case number (if known)	19-04309-5
Name				
3.515	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,574.00	
	Thomas Hughes 4941 Spanish Oaks Circle Fernandina Beach, FL 32034	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.516	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24,000.00	
	Thomas Jividen 8349 Vintage Club Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.517	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,000.00	
	Thomas Lee 1527 Portsmouth Place Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.518	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00	
	Thomas Lewis 6831 Maine St. Unit 316 Wilmington, NC 28405	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.519	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27,000.00	
	Thomas Myslinski 933 Wild Dunes Circle Wilmington, NC 28411	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.520	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$26,160.00	
	Thomas Russo C/O Tara Segelken 617 Patteen Ave Oceanside, NY 11572	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.521	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,015.00	
	Thomas W Moffett Palm Beach, FL	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.522	Nonpriority creditor's name and mailing address Thomas Wagg 1508 Edgedale Rd Greensboro, NC 27408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,355.13
<hr/>			
3.523	Nonpriority creditor's name and mailing address Tim Campbell 8501 Hammock Dunes Dr Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.524	Nonpriority creditor's name and mailing address Time Warner Cable Attn: Managing Agent 1600 Dublin Road Columbus, OH 43215 Date(s) debt was incurred ____ Last 4 digits of account number <u>3801</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,343.16
<hr/>			
3.525	Nonpriority creditor's name and mailing address Titleist-Acushnet Company Attn: Managing Agent P.O. Box 670 Oriental, NC 28571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,717.39
<hr/>			
3.526	Nonpriority creditor's name and mailing address Tom and Carolyn Pappendick 703 Hollingsworth Dr. Wilmington, NC 28412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.527	Nonpriority creditor's name and mailing address Tom and Debbie MacKenzie 808 Westbourne Grove Ct. Colfax, NC 27235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,501.00
<hr/>			
3.528	Nonpriority creditor's name and mailing address Tom Knox 8708 Lowes Island Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.529	Nonpriority creditor's name and mailing address Tom Skelton 1313 Enderbury Drive Raleigh, NC 27614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,825.00
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3.530	Nonpriority creditor's name and mailing address Tommy Ashcraft 1822 Old Mill Creek Rd Winnabow, NC 28479-5378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.00
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3.531	Nonpriority creditor's name and mailing address Tony Cortiglio 8406 Emerald Dunes Rd. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
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3.532	Nonpriority creditor's name and mailing address Toshiba Business Solutions Attn: Managing Agent 9201 Southern Pine Blvd Ste J Charlotte, NC 28273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$811.78
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3.533	Nonpriority creditor's name and mailing address Town Talk Attn: Managing Agent P.O. Box 58157 Louisville, KY 40268 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.58
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3.534	Nonpriority creditor's name and mailing address Triangle Chemical Company Attn: Managing Agent PO Box 368 Kinston, NC 28502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.05
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3.535	Nonpriority creditor's name and mailing address Tuula Hayes 1129 Futch Creek Rd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
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Debtor **Porters Neck Country Club, Inc.**
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3.536	Nonpriority creditor's name and mailing address US Foods Attn: Managing Agent P.O. Box 602211 Charlotte, NC 28260-2211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,163.84
3.537	Nonpriority creditor's name and mailing address Valley Protiens Attn: Managing Agent PO Box 643393 Cincinnati, OH 45264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.00
3.538	Nonpriority creditor's name and mailing address Vicky Hanes 8900 Mahogany Run Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.539	Nonpriority creditor's name and mailing address Virgil King 624 Wild Dunes Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.540	Nonpriority creditor's name and mailing address Virginia Smith 8720 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,088.00
3.541	Nonpriority creditor's name and mailing address Visa Card Attn: Managing Agent PO Box 672051 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number <u>7953</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$709.77
3.542	Nonpriority creditor's name and mailing address Wage Works Attn: Managing Agent P.O. Box 8363 Pasadena, CA 91109-8363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.50

Debtor	Porters Neck Country Club, Inc. Name	Case number (if known)	19-04309-5
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3.543	Nonpriority creditor's name and mailing address Waldimero and Regina Coscarelli 8600 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,680.00
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3.544	Nonpriority creditor's name and mailing address Walker Auto and Truck Parts Attn: Managing Agent 2234 Carolina Beach Rd Wilmington, NC 28401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.93
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3.545	Nonpriority creditor's name and mailing address Walter Tellegen 8504 Galloway National Dr. Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.546	Nonpriority creditor's name and mailing address Wanda Canada 8324 Bald Eagle Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.547	Nonpriority creditor's name and mailing address Ward & Smith, P.A. Attn: Managing Agent P.O. Box 7068 Wilmington, NC 28406-7068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.548	Nonpriority creditor's name and mailing address Warren Deutsch 8652 Vintage Club Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
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3.549	Nonpriority creditor's name and mailing address Warren R Hall 3025 Bakers Meadow SE Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,080.00
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Debtor Name	Case number (if known)	
Porters Neck Country Club, Inc.	19-04309-5	
3.550 Nonpriority creditor's name and mailing address Waste Industries Attn: Managing Agent P.O. Box 791519 Baltimore, MD 21279-1519 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$467.95
3.551 Nonpriority creditor's name and mailing address Wayne Carlstedt 434 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.552 Nonpriority creditor's name and mailing address Wayne Gibson 8921 Champion Hills Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.553 Nonpriority creditor's name and mailing address Welch Tennis Courts, Inc. Attn: Managing Agent P.O. Box 7770 Sun City, FL 33586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$817.95
3.554 Nonpriority creditor's name and mailing address Whalen Tennis Company Attn: Managing Agent 12 Amber Lane Asheville, NC 28803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,710.32
3.555 Nonpriority creditor's name and mailing address Wilfred Ross 8713 Bald Eagle Ln Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.556 Nonpriority creditor's name and mailing address Willard and Gail Gilly 1109 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	
	Porters Neck Country Club, Inc.	19-04309-5	
3.557	Nonpriority creditor's name and mailing address William and Clare Guinee 91 Pancoast Rd Waretown, NJ 08758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.558	Nonpriority creditor's name and mailing address William and Sallie Pickell 8701 Interlachen Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.559	Nonpriority creditor's name and mailing address William Best 8537 Emerald Dunes Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
3.560	Nonpriority creditor's name and mailing address William Blank 1504 Meridian Terrace Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.561	Nonpriority creditor's name and mailing address William D. Baldwin 8797 River Road Wilmington, NC 23229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.562	Nonpriority creditor's name and mailing address William Doran 1115 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.563	Nonpriority creditor's name and mailing address William H. Clark 200 E. Arlington Blvd Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,676.00

Debtor	Porters Neck Country Club, Inc. <small>Name</small>	Case number (if known)	19-04309-5
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3.564	Nonpriority creditor's name and mailing address William Hall 1551 Green Hill Rd Blowing Rock, NC 28605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.565	Nonpriority creditor's name and mailing address William Hegarty 8416 Davishire Dr. Raleigh, NC 27615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,300.00
3.566	Nonpriority creditor's name and mailing address William Horwath 8932 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.567	Nonpriority creditor's name and mailing address William Lampe 1212-1 Jeanelle Moore Blvd Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.568	Nonpriority creditor's name and mailing address William Novotny 8952 Woodcreek Circle Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.569	Nonpriority creditor's name and mailing address William Piner 1104 Tennwood Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.570	Nonpriority creditor's name and mailing address William R. Britt 11414 Pedigree Lane Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,160.00

Debtor	Name	Case number (if known)	
	Porters Neck Country Club, Inc.	19-04309-5	
3.571	Nonpriority creditor's name and mailing address William Randall 408 Black Diamond Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.572	Nonpriority creditor's name and mailing address William Ryan 413 White Columns Way Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.573	Nonpriority creditor's name and mailing address William Slaughter 8813 Olympic Ln Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.574	Nonpriority creditor's name and mailing address William Smith 925 Saltwood Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.575	Nonpriority creditor's name and mailing address William Sowers 7700-1 Blue Heron Drive West Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,861.00
3.576	Nonpriority creditor's name and mailing address William Terrell 8640 Fazio Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
3.577	Nonpriority creditor's name and mailing address Wilmington Landscaping, Inc. Attn: Managing Agent 3739 Excalibur Ave Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **Porters Neck Country Club, Inc.**
NameCase number (if known) **19-04309-5**

3.578	Nonpriority creditor's name and mailing address Wilmington Lawn & Leisure Attn: Managing Agent 253 South Kerr Ave Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.06
3.579	Nonpriority creditor's name and mailing address Wilson Sporting Goods Attn: Managing Agent P.O. Box 3135 Carol Stream, IL 60132-3135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,372.83
3.580	Nonpriority creditor's name and mailing address Woody Bryan 314 Alfandre St. Gaithersburg, MD 21031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,000.00
3.581	Nonpriority creditor's name and mailing address Wyatt and Mary Upchurch P.O. Box 150 Raeford, NC 28376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,888.00
3.582	Nonpriority creditor's name and mailing address Zerah Westbrook 728 Squire Lane Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
3.583	Nonpriority creditor's name and mailing address Zocia P. Barr 7743 Monarch Drive Wilmington, NC 28411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **Porters Neck Country Club, Inc.**
Name

Case number (if known) **19-04309-5**

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5a.	\$	27,632.19
5b.	+	\$ 6,017,130.77
5c.	\$	6,044,762.96

Fill in this information to identify the case:

Debtor name **Porters Neck Country Club, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **19-04309-5**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease of 2016 John Deere 9099A 4WD T4 (s/n 0224), 2016 John Deere 7700 fairway mower (s/n 0182), 2016 John Deere 7700 fairway mower (s/n 0167), 2016 John Deere 7400 trim mower (s/n 0057), 2016 John Deere 7400 trim mower (s/n 0063), 2016 John Deere 2500 greens mower (s/n 5227) and a 2016 John Deere 2500 greens mower (s/n 5223). Master Lease 52113 6/1/2020

State the term remaining

List the contract number of any government contract

**Deere Credit, Inc.
Attn: Managing Agent
P.O. Box 6600
Johnston, IA 50131**

2.2. State what the contract or lease is for and the nature of the debtor's interest

lease of four (4) Precor 885/P80 treadmills

State the term remaining

List the contract number of any government contract

**Key Equipment Finance
Attn: Managing Agent
1000 S. McCaslin Blvd.
Superior, CO 80027**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Management contract

State the term remaining

May 15, 2021

List the contract number of any government contract

**McConnell Golf
Attn: Managing Agent
P.O. Box 14369
Raleigh, NC 27620-4369**

Debtor 1 **Porters Neck Country Club, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-04309-5**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest **NC Public Adjuster's Contract**

State the term remaining

List the contract number of any government contract

**National Fire Adjustment Co., Inc.
Attn: Managing Agent
One NFA Park
Amherst, NY 14221-1187**

2.5. State what the contract or lease is for and the nature of the debtor's interest **lease of postage machine**

State the term remaining

List the contract number of any government contract

**Pitney Bowes
Attn: Managing Agent
P.O. Box 856460
Louisville, KY 40285**

2.6. State what the contract or lease is for and the nature of the debtor's interest **lease of Toshiba 3505AC copier**

State the term remaining

List the contract number of any government contract

**Toshiba Financial Services
Attn: Managing Agent
1310 Madrid Street, Suite 101
Marshall, MN 56258**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Lease of sixty (60) 2018 Club Car Tempo electric golf carts and two (2) 2018 Club Car Tempo gas (EFI golf carts)**

State the term remaining

List the contract number of any government contract

**Wells Fargo Equipment Finance
Attn: Managing Agent
800 Walnut, 4th Floor
Des Moines, IA 50309**

Fill in this information to identify the case:Debtor name **Porters Neck Country Club, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **19-04309-5**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name **Porters Neck Country Club, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **19-04309-5**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From **1/01/2019** to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business☐ Other _____

Gross revenue
(before deductions and exclusions)

\$3,700,733.00

For prior year:

From **1/01/2018** to **12/31/2018**

☒ Operating a business☐ Other _____**\$3,846,932.00**

For year before that:

From **1/01/2017** to **12/31/2017**

☒ Operating a business☐ Other _____**\$4,688,272.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue**

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value**

Reasons for payment or transfer
Check all that apply

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Barewood Services PO Box 323 Hampstead, NC 28443	8/7/19, 8/21/19, 9/18/19	\$17,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. Servpro c/o Chleborowicz Law Firm Attn: Managing Agent 720 N 3rd Street Suite 201 Wilmington, NC 28401	7/16/19	\$935,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. National Fire Adjustment Co Attn: Managing Agent One NFA Park Amherst, NY 14228	7/30/19	\$231,037.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. Shapemasters, Inc. Attn: Managing Agent 1008 Bullard Ct #202 Raleigh, NC 27615	8/27/19, 9/10/19, 9/18/19	\$189,864.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. Mid-Atlantic Specialties, Inc. Attn: Managing Agent P.O. Box 98749 Raleigh, NC 27624	8/28/19	\$30,932.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. Port City Staffing Attn: Managing Agent P.O. Box 7660 Wilmington, NC 28406	8/7/19, 9/4/19, 9/18/19	\$50,311.79	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. McConnell Golf Attn: Managing Agent P.O. Box 14369 Raleigh, NC 27620-4369	7/30/19, 8/5/19, 8/21/19, 9/10/19 and 9/13/19	\$100,530.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. Ward & Smith, P.A. Attn: Managing Agent P.O. Box 7068 Wilmington, NC 28406-7068	8/15/19, 9/10/19, 9/18/19	\$58,974.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal fees</u>

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. US Foods Attn: Managing Agent P.O. Box 602211 Charlotte, NC 28260-2211	8/7/19, 8/21/19, 8/28/19, 9/10/19	\$66,454.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.10 Highland Roofing Co. Attn: Managing Agent 4310 Deer Creek Lane Wilmington, NC 28405	9/10/19	\$18,760.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 Wilmington Landscaping, Inc. Attn: Managing Agent 3739 Excalibur Ave Wilmington, NC 28403	9/9/19 and 9/18/19	\$27,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 Anderson Kill, P.C. Attn: Managing Agent 1251 Avenue of the Americas New York, NY 10020	7/30/19 and 9/10/19	\$28,878.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal fees</u>
3.13 Springer-Eubank Oil Co Attn: Managing Agent 123 W. Shipyard Blvd. Wilmington, NC 28412	8/7/19, 8/21/19, 9/10/19, 9/19/19	\$24,681.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.14 NC Department of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168	7/19/19, 8/19/19	\$19,141.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.15 Pool Professionals of Coastal Attn: Managing Agent P.O. Box 91602 Raleigh, NC 27675-1602	8/7/19, 9/10/19	\$19,298.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.16 Big Sky Design, Inc. Attn: Managing Agent 4037 Masonboro Loop Road Wilmington, NC 28409	8/7/19, 9/28/19	\$13,052.53	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 Lowes Attn: Managing Agent P.O. Box 530954 Atlanta, GA 30353-0954	8/28/19	\$8,220.14	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Credit card payment
3.18 Green Resource Attn: Managing Agent P.O. Box 429 Colfax, NC 27235	9/10/19	\$7,889.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.19 Waste Industries Attn: Managing Agent P.O. Box 791519 Baltimore, MD 21279-1519	8/28/19, 9/3/19	\$7,014.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.20 Clubessential, LLC Attn: Managing Agent PO Box 936267 Atlanta, GA 31193	7/30/19, 8/15/19	\$7,938.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.21 Joe Owen 4605 Fairview Dr Apt 232 Wilmington, NC 28412	8/16/19	\$11,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Refund for Sports Equity Membership

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**

debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Pro Fire & Water Restoration Company v. Porters Neck Country Club, Inc. 19 CVS 1242	Collection	New Hanover Superior Court 316 Princess Street Wilmington, NC 28401	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Porters Neck LTD, LLC v. Porters Neck Country Club, Inc. 14 CVS 2740		New Hanover Superior Court 316 Princess Street Wilmington, NC 28401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Richard Furr v Porters Neck Country Club Inc. 16 CVS 3801		New Hanover Clerk of Court 316 Princess Street Wilmington, NC 28401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 5

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Hendren, Redwine & Malone, PLLC 4600 Marriott Drive, Suite 150 Raleigh, NC 27612	Fees and retainer	various	\$81,522.35
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

CMAA Retirement Plan FBO Porters Neck Country Club

Employer identification number of the plan

EIN: **33-589401**

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	4/5/2019	\$63,801.00
18.2.	Bank of Ozarks Attn: Managing Agent 12915 Cantrell Road Little Rock, AR 72223	XXXX-7353	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	7/11/19	\$4,868.63

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**☐ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Do you still
have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☐ No.☐ Yes. Provide details below.Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26a.1.	Earney & Company, LLP Attn: Managing Agent 710 Military Cutoff, Suite 250 Wilmington, NC 28405	
26a.2.	Ruth McClellan 110 Ritter Drive Castle Hayne, NC 28429	4/27/2015 - 9/11/2017
26a.3.	Victoria Croneuer 124 Oakdale Drive Wilmington, NC 28411	9/12/2017 - 3/29/2019

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Earney & Company, LLP Attn: Managing Agent 710 Military Cutoff, Suite 250 Wilmington, NC 28405	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	First Citizens Bank Attn: Managing Agent or Officer 1202 Porters Neck Road Wilmington, NC 28411

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Dave Adams	8608 Vintage Club Drive Wilmington, NC 28411	President and Board Member	0%

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**

Name	Address	Position and nature of any interest	% of interest, if any
Jake Hooks	1505 Juniper Hills Drive Wilmington, NC 28411	Vice President and Board Member	0%
Name	Address	Position and nature of any interest	% of interest, if any
Pam Foss	121 Hallbrook Farms Circle Wilmington, NC 28411	Secretary and Board Member	0%
Name	Address	Position and nature of any interest	% of interest, if any
Dorothy Mazepa	1007 Butler National Lae Wilmington, NC 28411	Treasurer and Board Member	0%
Name	Address	Position and nature of any interest	% of interest, if any
Wayne Gibson	8921 Champion Hills Drive Wilmington, NC 28411	Board Member	0%
Name	Address	Position and nature of any interest	% of interest, if any
John Mize	400 White Columns Way Wilmington, NC 28411	Board Member	0%
Name	Address	Position and nature of any interest	% of interest, if any
Donald Pastor	8711 Champion Hills Drive Wilmington, NC 28411	Board Member	0%
Name	Address	Position and nature of any interest	% of interest, if any
Ed Vogelsong	8636 Vintage Club Drive Wilmington, NC 28411	Board Member	0%
Name	Address	Position and nature of any interest	% of interest, if any
Jeremy Wilson	8822 New Forest Drive Wilmington, NC 28411	Board Member	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Steve Hamburger	8501 Emerald Dunes Road Wilmington, NC 28411	Board Member	
Name	Address	Position and nature of any interest	Period during which position or interest was held
Thomas Myslinski	933 Wild Dune Circle Wilmington, NC 28411	Board Member	

Debtor **Porters Neck Country Club, Inc.**Case number (if known) **19-04309-5**

Name	Address	Position and nature of any interest	Period during which position or interest was held
William Piner	1104 Tennwood Drive Wilmington, NC 28411	Board Member	

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 3, 2019**

/s/ David Adams

Signature of individual signing on behalf of the debtor

David Adams

Printed name

Position or relationship to debtor **President and Member of the Board of Trustees**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

GOLF COURSE EQUIPMENT

GOLF COURSE EQUIPMENT			
Equip Make	Model #	SERIAL NUMBER	CURRENT VALUE
3" Point Hitch 4" Pump	1-390	276115	\$479
Accupro Spin Grinder	632	70K6321043	UNK
Agrimental Blower	BW360	15593	\$50
Agrimental Blower	BW361	17701	\$588
Bobcat Skid Steer w/attach	A300		\$16,500
Bear Cat Chipper	72854	400648	\$1,762
Buffalo Blower			\$1,850
Club Car	Carryall 1	RG-1020-098888	\$1,700
Club Car	Carryall 1	HG-1021-098890	\$1,700
Club Car	Carryall 1	HG-1021-098887	\$50
Club Car	Carryall 2	RG-1318-364984	\$2,600
Club Car	Carryall 2	RG-1318-364884	\$2,600
Club Car	Carryall 2	RG-0239-207990	\$50
Club Car Beverage Car		WH0520-506661	\$1,215
Cushman Sod Cutter	544845-9110	91502844	\$50
Golf Lift	GL-09	45776-02-07-458	\$886
Garden Sand Injection			\$3,606
Garden Sand Injection			\$3,606
Ice Machine			\$50
John Deere Tractor	4400	YZ8506	\$1,675
John Deere Loader Attach	420	W00420X03068	\$50
John Deere Sprayer	HD200	TC200GTXGT0900122017	\$18,060
John DeerTractor	M00670A	1475	\$50
John DeerTractor	4410	LV4410H240886	\$2,716
John DeerTractor	2155	315297	\$1,940
John DeerTractor	2155	3300986	\$1,940
John DeerTractor	2155	385951	\$1,940
Land Pride Mower	AT3590	182399	\$50
Lely Spreader	1250	232051100250387	\$50
LS Tractor		R404711	\$50
4' Makita Trash Pump	1-390	376102	\$50
Pronovost Dump Trailer	P-516	4993	\$1,500
Pronovost Dump Trailer	P-516	3282	\$1,200
Root Pruner		12135	\$50
Sandevil	SD-06	42	\$50
SI Sprayer	460D-5B	15526	\$1,500
Smithco Bunker Rake	42-001-D	13430	\$4,595
Smithco Greens Roller	7580	T4813	\$5,150
Smithco Greens Roller	7580	T4813	\$1,670
Smithco Sprayer			\$4,040
Speeddaire Air Comp.	35wc40	1957184	\$1,100
Stump Grinder			\$9,750
Terra Topper Topdresser		901-401	\$1,400
Toro 2300 Topdresser	44501	30314	\$1,727

Toro 3020 Sand Pro	8885	80304	\$600
Toro 3200 Workman			\$2,560
Toro 3200 Workman			\$2,560
Toro 5500 Fairway	3550	220000113	\$3,000
Toro 686 Aerator	686	686391	SCRAP
Toro Aerothatch 83	44830	30133	\$2,100
Toro Debris Blower	44524	60183	\$50
Toro Flex 21 Greens Mower	4021	220001309	\$500
Toro Flex 21 Greens Mower	4021	220001381	\$500
Toro Flex 21 Greens Mower	4021	22000913	\$50
Toro Flex 21 Greens Mower	4021	220001578	\$700
Toro Flex 21 Greens Mower	4021		\$1,900
Toro Flex 21 Greens Mower	4021		\$1,900
Toro Flex 21 Greens Mower	4021		\$1,900
Toro Ground Master328-D	30626	220000638	\$1,700
Toro Ground Master 360	30626	30536-311000259	\$7,280
Toro Pro Core Aerifier	648		\$3,990
Toro Pro Sweep	5200		\$2,080
Toro Sand Pro Spiker	8855	10258	\$50
Toro Tri-Flex Hybrid 3220	4530	311000172	\$11,250
Toro Tri-Flex Hybrid 3220	4530	311000105	\$11,250
Toro Workman 3200	7211	220000303	\$5,500
Toro Workman Sprayer			\$8,990
Toro Z Turn Mower	74416	250000623	\$1,650
Waker 4" Trash Pump	PTS4V	5101218	SCRAP
Waker 4" Trash Pump	PTS4V	5101219	SCRAP
Weidermann Turf Vac	500		\$3,840
Wiedenmann Sweeper	600	1012750003172000	\$13,290
			\$190,835

[illegible]

SPORTS CENTER

Item	# O/H	Current Value
Sci-Fit Upper Body Ergometer	1	\$ 449.25
Sci- Fit Step One Recumbent Stepper	1	\$ 644.25
Concept II Rower	1	\$ 189.00
Keiser-M3 Bike w. Comp & Guard	1	\$ 194.25
CT Dual PVS with Stand	1	\$ 149.25
Precor 100iAMT Adaptive Motion Trainer	2	\$ 2,398.50
Precor 546EFX Elliptical	1	\$ 1,019.25
Precor 576EFX Elliptical	2	\$ 1,798.50
Precor Dual Arm Curl/Ext	1	\$ 344.25
Precor Dual Abdominal/Back Ext	1	\$ 344.25
Precor Dual Leg Press/Cal	1	\$ 389.25
Precor Dual Leg Extension/Curl	1	\$ 344.25
Precor Dual Hip Ab/Adduction	1	\$ 344.25
Precor Dual Multi-Press Station	1	\$ 344.25
Precor Dual Lat Pulldown/Mid-Row	1	\$ 344.25
Precor Dual Pec Fly/Rear Delt	1	\$ 344.25
Free Motion Rotary Torso	1	\$ 419.25
Precor FTS Glide Functional Trainer	1	\$ 419.25
Precor Assist Dip/Chin	1	\$ 506.25
Precor/Icarian Back Extension	1	\$ 111.75
TKO Kettlebell Rack	1	\$ 54.00
Hampton Vert DB Rack	1	\$ 31.35
Hampton Tray DB Rack	1	\$ 74.25
Precor Flat Bench	1	\$ 119.25
Precor 0-90 Super Bench	2	\$ 238.50
Precor Vert Knee Raise/Dip	1	\$ 127.50
Precor Ab/Decline Bench	1	\$ 112.50
Precor/Icarian Smith Machine	1	\$ 446.25
Icarian Barbell Rack	1	\$ 112.50
York Rubr Hex DB - 2.5lb	2	\$ 1.20
York Rubr Hex DB - 5lb	2	\$ 1.80
York Rubr Hex DB - 7.5lb	2	\$ 2.70
York Rubr Hex DB - 10lb	2	\$ 3.60
York Rubr Hex DB - 12.5lb	2	\$ 4.50
York Rubr Hex DB - 15lb	2	\$ 5.40
York Rubr Hex DB - 17.5lb	2	\$ 6.30
York Rubr Hex DB - 20lb	2	\$ 7.20
York Rubr Hex DB - 25lb	2	\$ 8.70
York Rubr Hex DB - 30lb	2	\$ 10.50
York Rubr Hex DB - 35lb	2	\$ 12.30
York Rubr Hex DB - 40lb	2	\$ 14.10
York Rubr Hex DB - 45lb	2	\$ 15.45
York Rubr Hex DB - 50lb	2	\$ 17.70

York Rubr Hex DB - 55lb	2	\$	20.10
York Rubr Hex DB - 60lb	2	\$	21.90
York Rubr Hex DB - 65lb	2	\$	23.70
York Rubr Hex DB - 70lb	2	\$	25.50
York Rubr Hex DB - 75lb	2	\$	27.30
York G2 Rubr Thin Oly - 45lb	4	\$	35.40
York G2 Rubr Thin Oly - 25lb	4	\$	19.80
York G2 Rubr Thin Oly - 10lb	4	\$	8.40
York G2 Rubr Thin Oly - 5lb	4	\$	4.20
York G2 Rubr Thin Oly - 2.5lb	2	\$	1.20
U2 Urethane BB 20lb	1	\$	15.30
U2 Urethane BB 25lb	1	\$	16.50
U2 Urethane BB 30lb	1	\$	17.70
U2 Urethane BB 35lb	1	\$	18.90
U2 Urethane BB 40lb	1	\$	20.10
U2 Urethane BB 45lb	1	\$	21.30
U2 Urethane BB 50lb	1	\$	22.35
U2 Urethane BB 55lb	1	\$	23.70
U2 Urethane BB 60lb	1	\$	24.75
U2 Urethane BB 65lb	1	\$	25.95
GoFit Kettle Bell - 7lb/Purple	2	\$	5.40
GoFit Kettle Bell - 10lb/Yellow	2	\$	6.30
GoFit Kettle Bell - 15lb/Red	2	\$	8.40
GoFit Kettle Bell - 20lb/Blue	2	\$	10.50
GoFit Kettle Bell - 25lb/Orange	2	\$	12.60
GoFit Kettle Bell - 30lb/Purple	2	\$	14.70
GoFit Kettle Bell - 35lb/Purple	2	\$	16.50
GoFit Kettle Bell - 40lb/Purple	2	\$	18.60
GoFit Kettle Bell - 45lb/Purple	2	\$	20.70
Spri Med Ball - 4lb	1	\$	3.30
Spri Med Ball - 6lb	1	\$	4.05
Spri Med Ball - 8lb	1	\$	5.10
Spri Med Ball - 10lb	1	\$	5.70
Spri Med Ball - 12lb	1	\$	6.30
Spri Med Ball - 15lb	1	\$	6.75
Spri Med Ball 6 Rack	1	\$	20.85
Ancient tables and chairs in lobby	various	\$	100.00
		\$	13,185.10

POOL AND ACTIVITY CENTER

	Value
3/4/2019 Umbrellas	\$ 14,500.00
5/23/2014 Lounge Chairs & Tables	\$ 17,020.00
9/24/2015 Replacement of Lap Pool Pump	\$ 1,935.00
3/5/2019 Lap Pool Drain Cover Replacement	\$ 1,200.00
3/5/2019 Lap Pool Equalizer Cover Replacement	\$ 600.00
9/25/2015 Pentair C Series Pump 10HP	\$ 2,193.00
1/27/2015 Replacement Motor for Pentair C Series Pump 10HP	\$ 1,462.50
5/1/2017 Pool Maintenance Poles (2)	\$ 45.99
5/22/2019 Kickboards	\$ 480.00
AED	\$ 1,000.00
4/30/2019 Lap Pool Planters	\$ 300.00
8/23/2019 Foosball Table - Activities Room	\$ 325.00
2015 Kettler Ping Pong Table - Family Pool	\$ 434.25
2013 AMF Ping Pong Table - Activities Room	\$ 500.00
2013 Samsung TV - Activities Room	\$ 200.00
2013 XBOX 360 - Activities Room	\$ 200.00
2013 Wii - Activities Room	\$ 200.00
3/14/2019 Fuji Instamax Camera	\$ 125.00
3/20/2018 Folding Tables (5@ 50.33)	\$ 176.16
2016 Troy-Bilt Pressure Washer	\$ 272.30
4/21/2017 Lifetime Folding Picnic Tables (2 @ 191.53)	\$ 287.29
5/23/2014 Pool Start Blocks	\$ 9,900.00
3/15/2013 Office Desk	\$ 500.00
5/6/2019 Dell Computer	\$ 1,000.00
4/24/2015 Security System	\$ 1,000.00
4/7/2015 Pool Motor Replacement	\$ 3,500.00
	\$ 59,356.49

CLUBHOUSE

	Value	
9/18/1996 Miller Desk/Fairfield Chair	\$ 50.00	
4/22/1998 42 Falcon 17555 Maple Butcher Blo	\$ 300.00	
10/22/2004 Courthouse wd Sidechairs Cherry (3)	\$ 200.00	
2/20/2008 Hon furniture	\$ 100.00	
12/7/2009 Bertolini Chairs (150)	\$ 10,000.00	
12/29/2007 Chair & Lamp	\$ 100.00	
1/27/2010 Credenza	\$ 100.00	
3/15/2013 Office Furniture	\$ 1,000.00	
various 7 - 8' round tables	\$ 700.00	
various 15 - 6' round tables	\$ 1,500.00	
various 5' round tables	\$ 375.00	
7/16/2019 52 Resin Folding Chairs	\$ 1,600.00	
7/16/2019 8' RESIN Folding Banquet Table (30" x 96")	\$ 750.00	
	\$ 16,775.00	
		TOTAL
		\$ 179,225.74

Womens Locker Room

3/6/2019 Fans	\$ 320.40
4/1/2019 Lounge Chairs	\$ 1,221.30
4/1/2019 Sofa	\$ 914.40
4/1/2019 Sconces above sofa	\$ 307.80
4/1/2019 Sconces adjacent to mirrors	\$ 970.20
4/1/2019 Sconces at sink	\$ 841.28
4/1/2019 Restroom Mirror	\$ 652.50
4/1/2019 Oval LED Mirror	\$ 702.00
4/1/2019 Amalfi round cocktail bench	\$ 333.00
4/1/2019 Arcadia Dining Table w/ chairs	\$ 720.00
4/1/2019 Arcadia flip top table w/ 2 backless stools	\$ 360.00
4/1/2019 2 slatback chair	\$ 126.00
4/1/2019 1 leaner mirror	\$ 450.00
4/1/2019 1 circuit pillow	\$ 63.00
4/1/2019 1 gravity floor lamp	\$ 270.00
4/1/2019 1 accent table	\$ 270.00
4/1/2019 1 Inlet Canvas	\$ 270.00
4/1/2019 1 Joslin Round Silver Mirror	\$ 235.00
4/1/2019 1 Cube Ottoman	\$ 134.10
4/1/2019 Pembroke cocktail table	\$ 630.00
4/1/2019 2 Stockton Counter ht stool	\$ 207.00
4/1/2019 Privacy screen	\$ 193.50
4/1/2019 Dressing Room Mirror	\$ 144.90
4/1/2019 Vase	\$ 75.60
	\$ 10,411.98

Men' Locker Room

1-Apr Gravity Table Lamp	\$ 126.00
4/1/2019 Light Wall Fixture	\$ 162.90
4/1/2019 Leather chairs	\$ 1,638.00
4/1/2019 End Table Lamp	\$ 135.00
4/1/2019 dining Chairs	\$ 1,039.50
4/1/2019 Round Table	\$ 630.00
4/1/2019 Ceiling Light W/ Fan	\$ 108.00
4/1/2019 Round Mirror	\$ 90.00
	\$ 3,929.40

4/1/2019 Artwork	\$ 666.00
4/1/2019 Art work	\$ 450.00
	\$ 1,116.00

4/1/2019 Lighting fixture outside Porters	\$ 1,125.00
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Members Lounge

4/1/2019 Round Cocktail Table	\$ 540.00
4/1/2019 Gabriel Swivel Gliders - 4	\$ 1,710.00
4/1/2019 Kara cube Ottoman - 4	\$ 1,305.00
4/1/2019 3 TV's	\$ 2,250.00

13 high chairs, 2 high tops, 45 chairs, 2 pop up tables, 11-20"x20" tables 25 years old

1/1/2004 Old tables and chairs	\$ 2,200.00
	\$ 8,005.00

Foyer

4/1/2019	Amani Sofa table - foyer	\$	405.00
4/1/2019	Amani Chairside Table	\$	270.00
4/1/2019	Canvas	\$	567.00
4/1/2019	Tray & various decorations	\$	95.40
4/1/2019	2 Adriana Accent tables	\$	369.00
		\$	1,706.40

Porters

4/1/2019	1 Hostess Station		\$1,278.00
4/1/2019	4 Current Working Estimate: Booths (no wings) - \$ 8,548.00		\$7,693.20
	1 2'x3' Table (includes top & base) \$ 765.45		\$688.91
4/1/2019	9 3'x3' Table (includes top & base)		\$6,860.70
4/1/2019	2 3'x3' Drop Table - Open to 51" (includes top & base)		\$4,873.50
4/1/2019	4 28"x60" Table (includes top, wall cleat & post leg)		\$4,083.30
4/1/2019	1 Current Working Estimate: Group Banquette 15' x 4'		\$5,085.00
4/1/2019	18 Dining Chairs (with additional stretcher)		\$7,789.50
4/1/2019	23 Dining Chairs (with additional stretcher)		\$9,054.00
4/1/2019	12 Bar Stools at bar		\$5,684.40
4/1/2019	10 Bar Stools @ 2 tops		\$4,736.70
4/1/2019	5 2' Round Bar Ht Tables (includes top & base)		\$2,822.40
4/1/2019	1 Custom Printed 18' x 3'-6" Vinyl Mural (Repair Estimate)		\$396.90
4/1/2019	10 Dining Chairs (with additional stretcher)		\$3,936.00
4/1/2019	6 Dining Chairs w/ Arms (with additional stretcher)		\$2,596.15
4/1/2019	8 Dining Chairs @ Banquette		\$4,176.00
4/1/2019	6 2'x3' Table (includes top & base)		\$4,133.70
4/1/2019	2'8" x 6' Table (includes top & base)		\$1,400.00
4/1/2019	4 3'x3' Table (includes top & base)		\$3,049.20
4/1/2019	1 Current Working Estimate: 109.25" x 300.75" Banquette Booth		\$8,367.30
4/1/2019	10 Artwork selections		\$3,150.00
4/1/2019	4 Chandelier above dining tables		\$2,722.90
4/1/2019	4 C1 Single wall sconce		\$958.50
4/1/2019	2 C2 Double Wall sconce		\$706.50
4/1/2019	7 D dining Banquette Pendant		\$2,194.20
4/1/2019	4 new artwork pieces		\$1,530.00
			\$99,966.96

Golf Office & Events Office

3/6/2019	2 Desks Holland Series	\$	1,873.00
3/6/2019	Drawers	\$	108.00
3/6/2019	Lateral File cabinet	\$	444.00
3/6/2019	2 guest chairs	\$	337.00
3/6/2019	1 desk shell on right	\$	490.00
3/6/2019	Bookcases	\$	270.00
3/6/2019	Reception box Arm Chair	\$	168.00
		\$	3,690.00

patio

2016	10 square tables	\$	8,000.00
2016	4 rectangular tables	\$	3,200.00
2016	60 chairs	\$	12,000.00
4/1/2019	12 umbrellas	\$	3,300.00
2016	portable bar	\$	1,500.00
2016	8 adirondack chairs	\$	3,500.00
		\$	31,500.00

computers	1 new	\$	1,000.00
	6 very old	\$	-
		\$	1,000.00